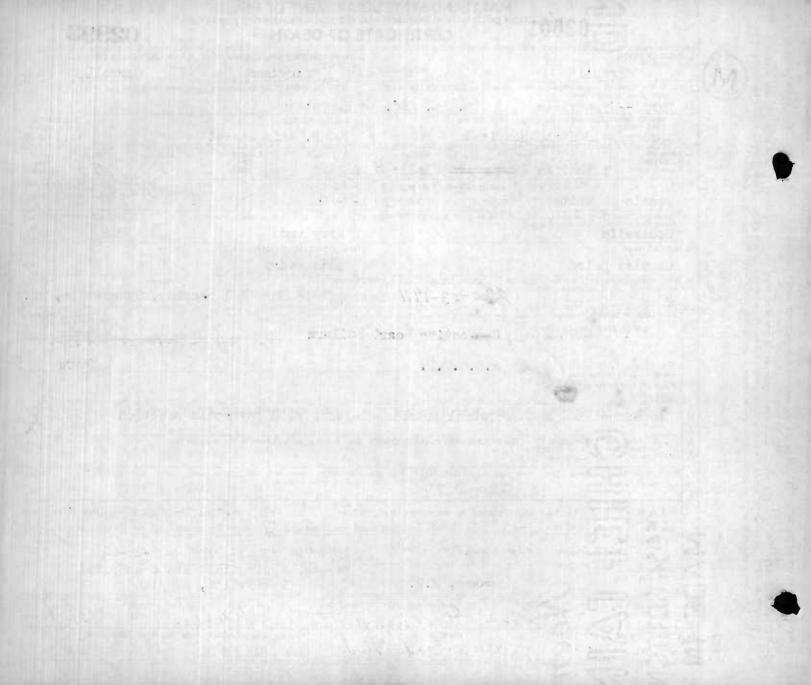
MARYLAND STATE DEPARTMENT OF HEALTH
0300 STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

02993

1. PLACE OF DEATH a. COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE Maryland	b. COUNTY -	dence before admission)
b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside carpore	ate limits, write RURAL a	nd give nearest tawn)
RURAL and give nearest town) RuralSykesville Ly. 5m. 26d.	X Hampstead		
d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE
Springfield State Hospital	300 N. Main Stree	et	ON A FARM? YES NO 🔀
3. NAME OF First Middle	Lost 4. DATE	Manth	Day Year
OECEASED (Type or print) Katharine (Catherine) Belle /+	Algire OF DEATH	3	25 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	3. DATE OF BIRTH 9		DER 1 YEAR IF UNDER 24 HRS.
Female White WIDOWED DIVORCED	4-7-80	lost birthdoy) Mantl	ns Doys Hours Min.
10a. USUAL OCCUPATION (Give kind af work done during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign cou	intry) 12.	CITIZEN OF WHAT COUNTRY?
Housewife	Maryland		USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
Charles Heird	Ella Henry		
(Yes no or unknown) . (If we give wor or dates of service) to the	FORMANT	Address	
No 20-03-19// Sp	ringfield Hospital	records, Sy	kesville, Md.
18. CAUSE OF DEATH -[Enter only one cause for line for (o), (b), and (c).]			INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart	Failure		Weeks
DUE TO			
Canditians, if any, which) A.S.C.V.D.			Years
gave rise to immediate DUE TO			
lying cause lost. (c)			
CBS associated with cerebral arteriose 200. Accident was underlying a cause of death or contributing a cause of death (if either, notify medical examiner)	Perosis with psycho	Sticing eactin	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING, CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Port I or Port	II af item 18.)	
	CE OF INJURY (Home, farm, tary, street, affice bldg., etc.)	ar tawn)	(Caunty) (State)
21. I certify that (%) (this haspital) attended the deceased fram	9-27 1960 to 3-	-25-62	P, that (We) last
	eath occurred at 245M, fram t	he causes and an	the date stated above.
22a. SIGNATURE			22b. DATE
Is Snon Honney Mr.	A.D. ATTENDING MED. DIRECTOR D	PHIS.	0=02
22c. PHYSICIAN'S NAME (Type) Sommez, M.D.		eld State Ho Le, Maryland	
230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF SEMOVAL (Specify) 3-28-1962 Lieun	occut 23d. LOCATI	ON (City, town, ar coun	o Mid
24 ELINERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTR		
figurous cent Hampineed	DATE MAR 2 8	'62 Outh	NT S. Trans

VR A15 (4) 15M 9/59



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03002 CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH o. COUNTY Carboll	MARYLAND	2. USUAL RESIDENCE (Where	e deceased lived. If institution: Residen b. COUNTY	ce befare admission)
	b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Rural - Sykesville	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs Baltimor	ide corporate limits, write RURAL and cre City	give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give or INSTITUTION Springfield State Ho		d. STREET ADDRESS 808 St. Pa	ml St.	e. IS RESIDENCE ON A FARM? YES NO A
	3. NAME OF First DECEASED (Type or print) Margaret	Middle	ARCHER 4	DATE Month OF MARCH	Day Year 27 162
		MARRIED NEVER MARRIED DOWED DIVORCED	8. DATE OF 81RTH 10-7-74	9. AGE (In yeors last birthdoy) Manths	1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during mast af working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or Maryland		ZEN OF WHAT COUNTRY?
	13. FATHER'S NAME Henry Keller		14. MOTHER'S MAIDEN NAM Dorothea	Unknown	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES' (Yes. no, or unknown) (If yes, give war or dates of services		ospital records	Address	YKE TE
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (o), stoting the under- lying cause lost. (c)	Cardiac failur	Have been	iovascular Disease & Inanition	Interval Between onset and death Days
)	PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT			19. WAS AUTOPSY PERFORMED? YES NO
	20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19	20d. INJURY OCCURRED 20e. PL Vhile Nat while fa It work at work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or tawn) (C	County) (State)
	21. I certify that aftended the de alive on March 27 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Naci Buyuku	1962 , and that death	occurred at 11 A.M	-27, 162_, that I la , from the causes and on the DRESS (Street, city or town, state) d State Hospital . Marvland	
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Hardy - (8)	22c. NAME OF CEMETERY OF		d. LOCATION (City, town, or county)	Alls my.
	23. FUNERAL DIRECTOR'S SIGNATURE	Sycamille,	and DATE APR	5 62 CLAR 246 REGISTRAR'S SIG	

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	Indiana Parajuro			
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	author Leannain		
	only our wester to serve	all 8010-05-921	
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	ARTERIA SELECTION OF THE PERSONAL	o december 1 mail 22.02	, The said of the said
			John British F.

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 CERTIFICATE OF DEATH 03004 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara daceased lived, If institution: Rasidanca bafore admission) a. COUNTY b. COUNTY MARYLAND CITY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO letely NAME OF Day DECEASED OF (Type or print) DEATH 19 ã 6 5. SEX IF UNDER 24 HRS. IF UNDER 1 YEAR AGE (In years 7. MARRIED NEVER MARRIED last birthday) WIDOWED P DIVORCED 9 USUAL OCCUPATION (Giva kind of work 1Db. KIND OF BUSINESS OR INDUSTRY (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dong during most of working life, aven if ratirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ā 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. (Yes, no, or unkown) | (Ifyas givawar or datas of service 18. CAUSE OF DEATH [Enter only ona causa per lipe for (a), (b), and (c) ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immadiata causa DUE TO (a), stating the underlying WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT PERFORMED? NO 2Da. ACCIDENT WAS UNDERLYING F 20b. DESCRIBE HOW INJURY OCCURED, (Enter natura of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2Da. PLACE OF INJURY (Homa, farm,) 2Df. (City or town) (County) (Stata) Month, Day, Year factory, streat, offica bldg., atc.) Whila Not While Hour a.m. at work at work p.m. 1967 to March 8..., 19.62 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from19.6.7 and that death occured H. 45M, from the causes and on the date stated above. saw the deceased alive on... Med. 22b. DATE 22a. SIGNATURE ATTENDING PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN'S NAME (Type) (State) 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 0:53 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) arthur S. Thomas 15M 9/60

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Doriel 3-17-1962 x Hount Olivet Denotary 1 Frederick

M. R. Brohimon and Son, Frederick, Maryland

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OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24

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VR A15 (4) 15M 9/59

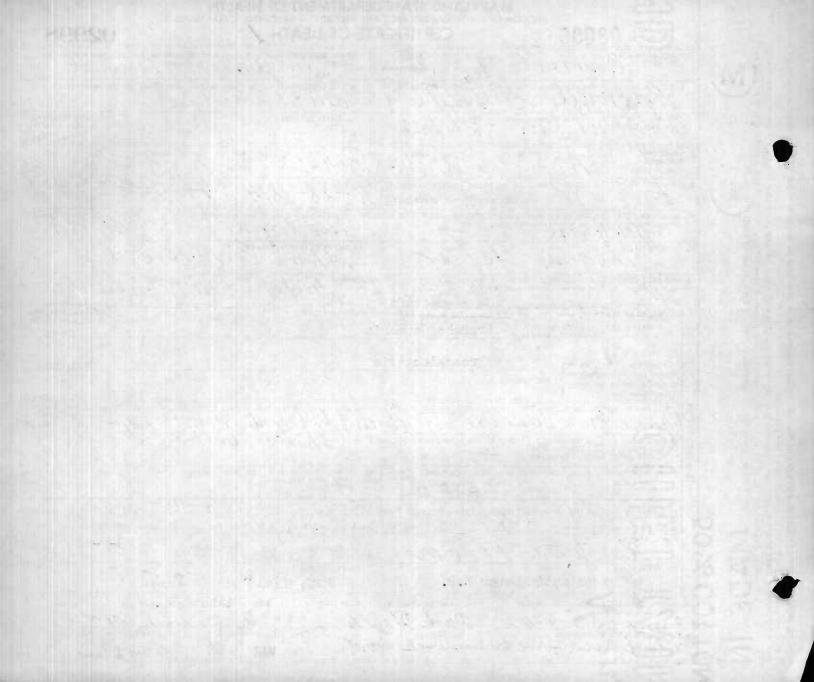
rs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03006

02998

	D. COUNTY CONTOll MARYLAND	a. STATE Wary Ward b. COUNTY Fred to	e befare admission)
	b. CITY OR TOWN (If autside corporate limits, write RUNAV and give nearest form)	c. CITY OR TOWN of outside corporate limits, write RURAL and gi	ive nearest tawn)
	GONAME OF HOSPITAL Ut not in hospital/give street bearess)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type ar print) ADA First WiNgihla	BOHRER 4. DATE OF DEATH 3 -	Day Year 1962
S	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED		YEAR IF UNDER 24 HRS. Days Haurs Min.
1	On USUAL OCCUPATION (Give kind of wark dane during most of warking life, every if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ With VIVIN 11.	EN OF WHAT COUNTRY?
	3. FATHER'S NAME Tho mas Stotler	14. MOTHER'S MAIDEN NAMED VA Shevera	
1	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17.1 (If yes, give war or dates of service)	MORMANT Harpeyer Records, Sy K	esmille, Ms
	1B. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumon	ia	davs
	C 7 / V DUE TO		
	Canditions, if any, which Bronchiectasis		months
1	gave rise to immediate DUE TO		Non the last
ı	lying cause last.		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19. WAS AUTOPSY PERFORMED?
	Monde frak Syphone with low	chol Anxinoscinosis with 184-	YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of jainty in Part) or Cant It of Jay 1841	
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a. m. p. m. 19 While Nat while at wark at wark	LACE OF INJURY (Hame, farm, 20f. (City ar tawn) (Coactary, street, affice bldg., etc.)	aunty) (State)
	21. I certify that (this hospital) attended the deceased from	8-5 186010 3-6-196	2 that W (we) lost
	2-1-12	death occupied of A.M., from the causes and on the	
	22a. SIGNATURE	3.	6 60 22b, DATE
	Krylantil / leer	M.D. PHYS. DIRECTOR PHYS.	SIGNED
1	22c. PHYSICIAN'S NAME (Type) Konstantin Weber M.D.	Springfield State Hosp.	
-	3a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCALCIN (CIN (1970) or county)	(State)
	REMOVAL (Specify) 2-9-19 Dack Olice	Brunswich "	nol.
2	4 PUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
		mef. DATE MAR 9'62 Cuthur 8	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1 03002 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) a. COUNTY b. COUNTY Carroll MARYLAND Frederick Maryland b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) 4 mos ./15 das Sykesville Adamstown d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS Springfield State Hospital 3. NAME OF Middle Last 4. DATE Month DECEASED OF (Type or print) DEATH Benjamin Franklin BOWINGS March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR B. DATE OF BIRTH last birthday) Months Days male white WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Railroad -Maintenance U.S.A. Railroad Maryland
14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME pue Lansing Bowings Lucinda Bell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address moval, (Yes, no, or unknown) | (If yes give wer or dates of service) Springfield Hosp. Records; Sykesville, Md. 705-10-2003 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Heart failure DUE TO Mitral and rheumatic heart disease. Conditions, gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION CBS assoc. with senile brain disease with psychotic reaction. 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Pert II of item 18.) WEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, straet, office bldg., etc. While Not While Hour a.m. et work at work 21. I certify that (I) (this hospital) attended the deceased from 10-17-61 saw the deceased alive on...... 22e. SIGNATURE tenniz un. ATTENDING STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S

23c. NAME OF CEMETERY OR CREMATORY

Mount Olivet Cemetery

A die VR A15 (4) 15M 7/61

FUNERAL

funeral

the

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filled

completely

sattending physician Then please remove

the

USB

Id be det

within 24 hours after

24 FUNERAL DIRECTOR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland

Adnon Sonmez, M.D.

NAME (Type)

EMOYAL (Specify)

23a. BURIAL, CREMATION, 23b. DATE THEREOF

23d. LOCATION (City, town or county) Frederick, Maryland

Sykesville, Maryland

25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE arthur S. Kraus DATE MAR

IS RESIDENCE ON A FARM?

YES NO X

1962

IF UNDER 24 HRS.

ONSET AND DEATH

vears

PERFORMED? YES NO

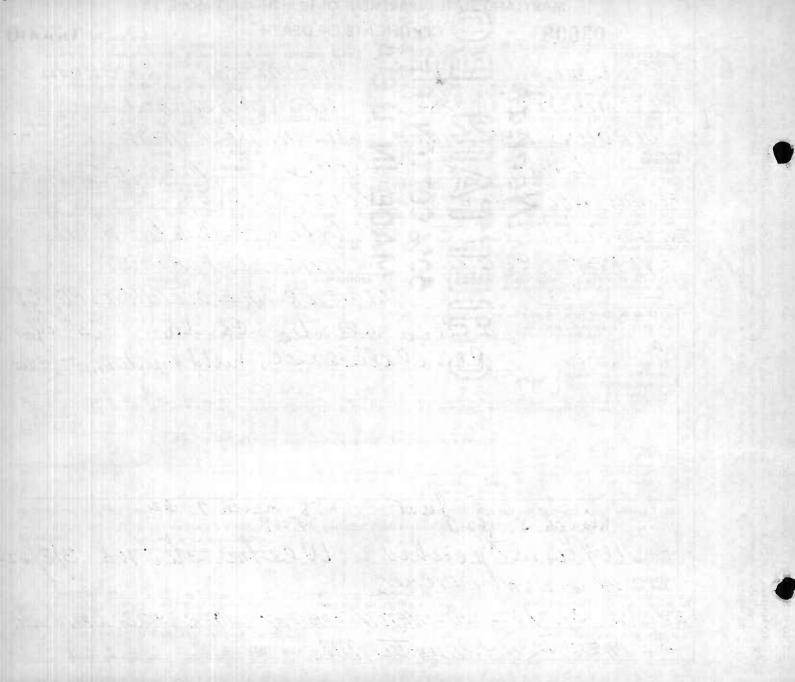
(Stete)

22b. DATE

(State)

SIGNED

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
	,	03008 Item 2 Film G308 3/12/62 iwk CERTIFICATE OF DEATH Reg. Dist. No. 0300
Page director	X	1. PLACE OF DEATH a. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY (IMPRIED DULL)
death.	リ	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
s after by the f 2 shau	94	d. NAME OF HOSPITAL (If not in haspitol, give street address) OR INSTITUTION OR INSTITUTION OR INSTITUTION OR INSTITUTION ON A FARM? YES NO PA
led in b		3. NAME OF DECEASED / First Middle Last 4. DATE Month Day Year OF OF OF MIDDLE OF
within stely fill Pages		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
executed and cample in papers.		10a. UBUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ion and carbon ofter de		13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME
physic mave hours	I)	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address (Yes, no. or unknown) (If yes, give war or dates of service)
ding lase re in 72		- GEO, E, BRUMFIELD, FINKS BURG, Mg
e offen e offen nt with		18. CAUSE OF DEATH [Enter only one couse per line far (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) and so School Cardio Cardio STORY 10 YES
ed by the mit. The		Conditions, if any, which by Revalded Lesses, hild Hypertessian 5- 18400 gave rise to immediate
requir		couse (a), stating the <u>under.</u> Lying couse last. Co
physici nas bee ial-trar	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: TI ending ficate b the bur		20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC al or att his certi use os smation		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. While Not while at work of wygk 19 at wygk 19 at work of wygk 19 at work of wygk 19 at work of wygk 19 at wy
bolong haspite After t hed far riol, cr		21. I certify that I attended the deceased fram ISSE., 1958, to Musch 7, 1962 that I last saw the deceased alive an Warfe 5, 1962, and that death accurred at 320 PM, fram the causes and an the date stated above.
ATTEN by the CTOR: c detac		ACTUAL (1) ADDRÉSS (Street, city or tolon, state) DATE SIGNED
OR etained AL DIRE hauld by	1	PHYSICIAN'S W. GLENN SPEICHER NAME (Type) W. GLENN SPEICHER
OSF JNER JNER regist	1	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
O O O O O O O O O O O O O O O O O O O		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE ADDRESS ADD
1SM 9/SB		9'12, MYER, VR. WEST MARSIN 1 MAR 9'62 Cuthun & Know

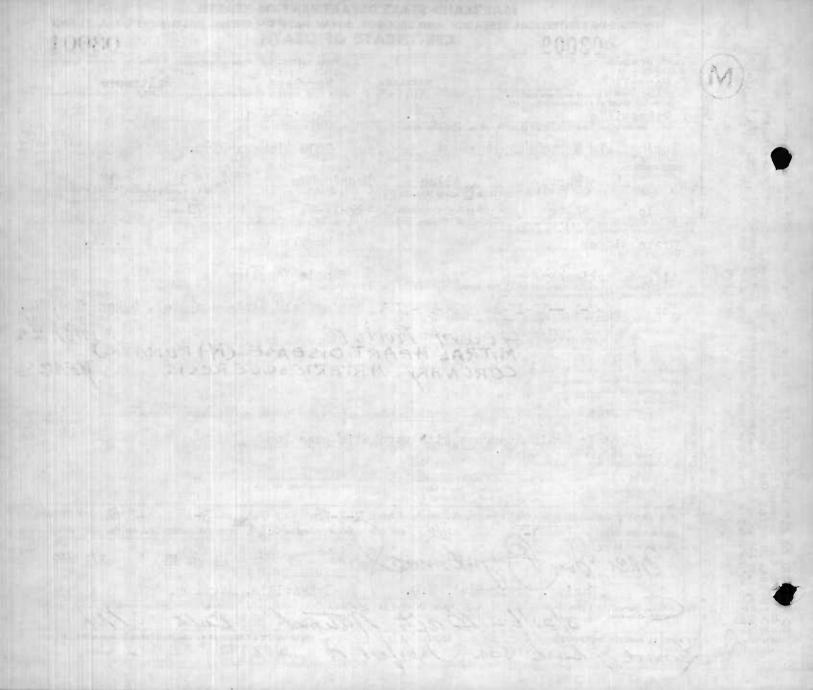


DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03009 filled in by the funeral Pages 1 and 2 should urs after death. within 24 hours after PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Carroll MARYLAND Marvland b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give nearest town) Sykesville ovrs. Baltimore 18 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) a. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO completely Springfield State Hospital 2830 Alameda Blvd. 3. NAME OF 4. DATE Middle Month DECEASED OF DEATH (Type or print) 1962 Harvey llen Buckingham 9. AGE (In years | IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED IF UNDER 24 HRS. NEVER MARRIED 8. DATE OF BIRTH last birthday) Months Dave Hours 12-18-91 Male WIDOWED [DIVORCED [Then please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Maryland Grave digger 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME requires that the death ple Alfred Buckingham Fannie Yingling 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) [(Hyesgive war or dates of service) ian. 215-07-0763 Springfield State Hospital, Sykesville, Md. 6-7-18--12-17-18 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN, MON THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MITRAL HEART DISEASE (R+EUMATIA RONARY ARTERIOSCLE ROSIS Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Chronic Brain Syndrome with psychotic reaction

206. ACCIDENT WAS UNDERLYING 1 | 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part II of item 18.)

OR CONTRIBUTING 1 CAUSE OF DEATH YES NO (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | factory, street, office bldg., etc.) While Not While Hour a.m. at work at work p.m. 22b. DATE 22a. SIGNATURE SIGNED ATTENDING MED. PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS NAME (Type) Buyukunsal, M.D. Sykesville, Maryland OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) BURIAL, GREMATION, 236. DATE Ö je g MOVAL (Specify) 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) FUNERAL DIRECTOR'S-SIGNATUR DATMAR 2 0 '62 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

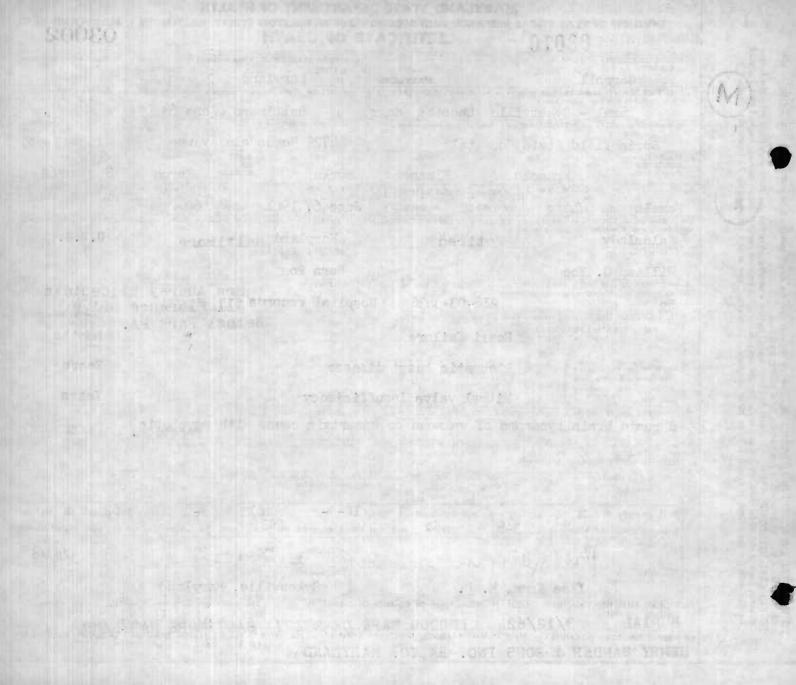


VR A15 (4)

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03002 03010

1. PLACE OF DEATH				IDENCE (Where d			dence before e	dmission)
a. COUNTY Carroll		MARYLAND	e. STATE	arvland	b. COUN	TY		
b. CITY OR TOWN (if outside corp.		c. LENGTH OF STAY IN 16		WN (If outside corp	orete limits, write	RURAL and giv	ve nearest tow	n)
write RURAL and give nearest		Imantha Edarra	, D.	altimore	(7ana 6)		31/01	Life
d. NAME OF HOSPITAL OR INSTIT		Limonths 5days	d. STREET ADI		(20118 0)		Le IS RI	SIDENCE
d. NAME OF HOSPITAL OR WISH	011014 (11 1101 111 1103	pital, give silver address;					ON.	A FARM?
Springfield S				Homesdale				ио 🔀
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month		ey Year	
	ances	Eleanor	Burke	DEATH	11010		19	
5. SEX 6. COLOR C	OR RACE 7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH	9	last birthday)	Months Dev		24 HRS.
Female Whit	e WIDOWE	D X DIVORCED	June 6,	1901	60 yrs.			
10e. USUAL OCCUPATION (Give kin dona during most of working life, eve	d of work 10b. K	IND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE	(County & Stete, or	foreign country)	12. CITIZEN	OF WHAT	OUNTRY?
Saleslady		tired	Marvla	and Balt	imane		U.S.A.	
13. FATHER'S NAME	1,10	orrea	14. MOTHER'S MA	AIDEN NAME	THOTE	1		
William G. Yoe			Nora Pe	oe				
15. WAS DECEASED EVER IN U.S. AR		SOCIAL SECURITY NO. 17.	INFORMANT	Y/a-	Address	TT4 7 5	1 - 1 - 4 - 3 7	
(Yas, no, or unkown) (Ifyesgivewero	r detes of service)	0 02 21.26	To and to a	Mr	s Audres	A HITC	reprat	.e
No	21	0-03-3430	Hospital re	ecords 51.	l Flore	nce Dr	TIVE	WEEN
18. CAUSE OF DEATH [Enter		line for (a), (b), end (c).		Beth	el Park	PA.	ONSET AND	DEATH
PART I. DEATH WAS CAUS	AUSE (0) Hear	t failure					Months	
ナノハン	DUE TO							
Conditions, if eny, which	(b) Rheu	matic heart d	isease				Years	
gava rise to immediate cause		dia of a tipe to a						
(e), steting the underlying cause lest.	DUE TO	al valve insu	fficiency				Years	
				TERMINAL DISEASE	CONDITION GIV	FN IN PART 1(a		UTOPSY
Chronic brain s	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Chronic brain syndrome of unknown or uncertain cause with psychotic reaction.							
200. ACCIDENT WAS UNDERLYI	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of item 18.)							
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Hom	no from 1 206 (Cit	y or town)	(County)		(State)
ZOc. TIME OF INJURY Month	Day, Yeer 20d. While t wor	aNot While fa	ctory, street, office bld		y 01 10w.11/	(200111))		(0.0.0)
21. I certify that (I) (this	s hospital) atten	ded the deceased from	10-3-	161 to	3-8	1962	, that (15)	(we) last
saw the deceased alive o	3-8	1962 and the	it death occured					
22e. SIGNATURE	X		l dogin occured	dit				DATE
220. SIGNATURE	KARRA		ATTENDING PHYS.	MED.	STAFF PHYS.		3/8	SIGNED
22c. PHYSICIAN'S	Man.	vn ,	22d. ADDRES				21 -	
NAME (Type)	Kamm, M.		Syk	esville,	Maryland			
23a. BURIAL, CREMATION, 23b. D		23c, NAME OF CEMETERY	OR CREMATORY	23d. LOC	ATION (City, to	wn or county)	(S	tate)
REMOVAL (Specify)		T OUDON TAT						
BURLAL 3/	12/62	ADDRESS ADDRESS	K CEMETE	A REC'D BY REGIS	L'IMORE.	MARYLA	NATURE .	
24 FUNERAL DIRECTOR'S SIGNATUR				MAD 1 2	62 250. 4	Cilling 2.	Thalla	
HENRY SANDER 8	SONS II	NC. BALTO. M	IARYLANDO	ATE TOP TO 3				



FOR STATE HEALTH DEPT. PLACE OF DEATH a. COUNTY Page files. Health, MARYLAND Carroll b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 funeral director. Board of H write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) retained State Baltimore Street 3. NAME OF Middle DECEASED (Type or print) John Albert pe with 5. SEX 6. COLOR OR RACE 7. MARRIED THE NEVER MARRIED 2 with WIDOWED DIVORCED Male Colored 2,2 and 2 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) Carpenter Building 13. FATHER'S NAME John Butler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: "in pencil i IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immadieta ceuse DUE TO (a), steting the underlying causa last. CERTIFICATION 9 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL 20c. TIME OF INJURY Month, Dev. Yeer Whila Not While Hour a.m. at work at work prior 08: 21. I certify that I took charge of the remains described above, held an Autopsy 0 MEDICAL DIRECT death resulted Suicide Natural causes forward ACTUAL execute should be for SIGNATURE designati EXAMINER'S NAME (Type NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION REMOVAL (Specify) Burial Z40 23. FUNERAL DIRECTO VS. A15ME Taneytown, Maryland Son 5M 7/59

RYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. STATE b. COUNTY Warvland Carroll c. CITY OR TOWN (If outside corporete limits, write RURAL and give naerest town) Tanevtown d. STREET ADDRESS' a. IS RESIDENCE ON A FARM? YES T NO F Baltimore Street 4. DATE Month Day OF DEATH 1962 Butler March 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. lest birthdey) Months Days VPS. August 11. BIRTHPLACE (Stata or foraign country) 12. CITIZEN OF WHAT COUNTRY? Emmitsburg, Maryland U.S.A. 14. MOTHER'S MAIDEN NAME Mitchell Anna Address Mrs. Mary Butler, Taneytown, Maryland INTERVAL BETWEEN AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of item 18.)

20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, ' 20f. (City or town) (County) (Stata) factory, streat, office bldg., etc.) Inspection and in my opinion Homicide Undetermined manner CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county) 22d. LOCATION (City, town, or country) St. Joseph's Cemetery
ADDRESS | 240. ry Taneytown, Maryland
246. REC'D BY REGISTRAR | 246. REGISTRAR'S SIGNATURE DAMAR 2 9 '62 Orthur & House

The state of the s

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IO H. LIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect. within 24 hours after		TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should			-
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equir	physi	Bued	sit pe	ion, c		
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AL	e 4 r	AL I	ge 3	th the		
Ë	death. Page 4 may be retained by the hospital or attending physician.	NER	or, pa	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours allowed	-1	1
H	eath.	FU	irecto	e file		
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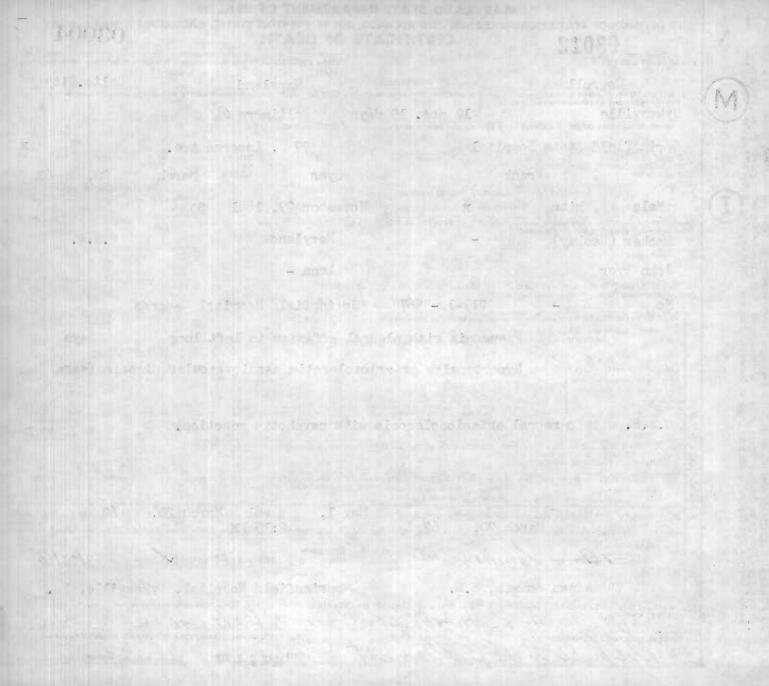
VR A1S (4) 15M 7/61

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10004 CERTIFICATE OF DEATH 03012

	COLA								
 PLACE OF DEATH COUNTY 	ď			2. USUAL RESIDEN	ICE (Where dece	esed lived, If Ir b, COUNT		nce before	odmission)
Carroll MARYLAND		_	vland	b. CO0141		to.Cit	tv		
b. CITY OR TOWN (if outside corporate limit	5,	c. LENGTH OF STAY IN			ite limits, write			
Sykesvill			10 mos. 19	days Balt:	imore 24		31	101-	4
d. NAME OF HOSPI	TAL OR INSTITUTION (ii	not in hos	pital, give street eddress)	d. STREET ADDRESS					RESIDENCE A FARM?
Springfie	ld State Ho	enite	7	20 N	Luzern	A			NO THE
3. NAME OF	First	OLITO	Middle	Last	4. DATE	e Ave.	Dey	Yee	or .
(Type or print)	Fra			Byer	OF DEATH	March	20), 19	62
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	B. DATE OF BIRTH			IF UNDER 1 YEAR	-	R 24 HRS.
Male	White	WIDOWE		November 29		80 yrs.	Months Days	Hours	Min.
10a. USUAL OCCUPAT	ION (Give kind of work orking life, even if retired	10b. K	IND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Cou	inty & State, or fo	eign country)	12. CITIZEN	OF WHAT	COUNTRY
	Esskav)	1)	_	Maryland	d		U.S	3.A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
John Bye	r			Lena -					
15. WAS DECEASED EV			SOCIAL SECURITY NO. 1	7. INFORMANT	He Le	Address			
(Yes, no, or unkown) (I	ryes give war or dates of se	(TVICE)	213-10-3567	Springfield	d Hospit	al Reco	rds		
18. CAUSE OF D	EATH (Enter only one	cause per l	ine for (a), (b), and (c).]			_ 0	11	TERVAL BE	
PART 1. DEAT	H WAS CAUSED BY:	D	and a saidh all	annal affinaian	. in 7 - 64	7	0	NSET AND	DEATH
file da "	IMMEDIATE CAUSE (+)_	Prieum	onia with pr	eural effusion	I In Tell	Lung		Days	
1 1	DUE TO								
Conditions, if eny		Hyper	tensive arte	riosclerotic o	cardiovas	scular	disease	Years	
gave rise to immedi (a), stating the u	DI TILL TO								
cause lest.	le)								
Z PART II. OTHER	R SIGNIFICANT CONDIT	IONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	N IN PART 1(e)	19. WAS	AUTOPSY
≗ C.B.S. w	ith cerebra	1 art	eriosclerosi	s with psycho	tic reac	tion.		PERF	ORMED?
S S S S S S S S S S S S S S S S S S S								YES	NO X
	AS UNDERLYING [206. DES	CRIBE HOW INJURY OCCU	JRED. (Enter neture of injury in	Pert I or Part II o	item 18.)			
	MEDICAL EXAMINER								
Hour a.m.	JRY Month, Dey, Yee			PLACE OF INJURY (Home, fer factory, street, office bldg., et		r town)	(County)		(Stete)
Hour a.m.	10	While at wor		lacioty, sheet, office orag., er	1				
- Pilling				May 1,	1067 4-M	arch 20	10.62	Abot (I)	(wa) lac
	nar (I) (this nospil	al) allen	ded the deceased tro	т	TE. TOW		9, 17.342,	mar (I)	(we) las
saw the deceas	sed alive on	CII ZC	19.04, and	that death occured a?.	A.J.M.P.Hom	he causes a	and on the d	late slate	d above
22e. SIGNATURE	-0	1		ATTENDING	MED.	STAFF		. 22	b. DATE
0	Joon /	mon	13 m.	M.D. PHYS.	DIRECTOR _	PHYS.		3/20/	162
22c. PHYSICIAN'S				22d. ADDRESS					
NAME (Type)	Adnan Son	mez,	M.D.	Springfie	eld Hosp:	Ital, S	ykesvill	Le. Mo	1.
23a. BURIAL, CREMATI	ION. 23b. DATE THER	EOF	23c. NAME OF CEMETE			ION (City, tow			State)
REMOVAL (Specify)		62	HULY ROSA	11. A	BALT	MOR	e	14	14.
24 FUNERAL DIRECTO	S SIGNATURE		ADDRES8	10 25a. RE	EC'D BY REGISTR	AR 2Sb. REG	ISTRAR'S SIGNA	ATURE	
18-8-1Val.	aubi 25	146	Ballings	DATE	14D 0 7 100	0	ilms & the	444	
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within 24 hours after

The law requires that the death certificate be execu

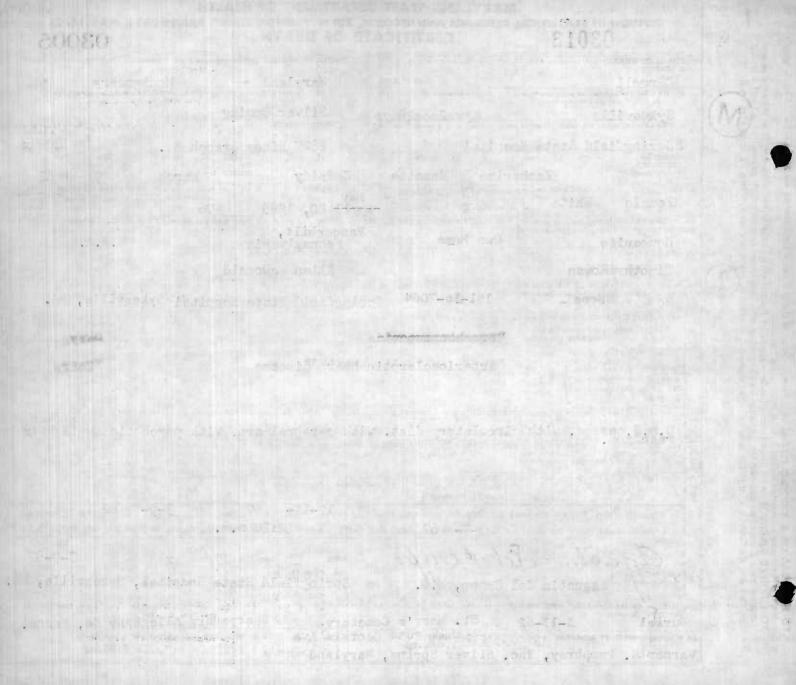
death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in prior to burial, cremation, or removal, and in any event, within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

09019	CERTIFICA	IE OF DEATH		03005
1. PLACE OF DEATH		2. USUAL RESIDENCE (W	here deceased lived, If Institution:	Residence before edmissjón)
COUNTY		e. STATE	b. COUNTY	
Carroll	MARYLAND	Maryland	Montgon	nery
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		de corporate timits, write RURAL en	nd give neerest town)
Sykesville	4yrs2mos28dys	Silver Spr	ing	1219.00
d. NAME OF HOSPITAL OR INSTITUTION (if not in	hospitel, give street eddress)	d. STREET ADDRESS		IS RESIDENCE ON A FARM?
Springfield State Hosp	1+07	9627 Pinon	Branch Rd.	YES NO TO
3. NAME OF First	Middle	Lest 4. D	DATE Month	Day Yeer
(Type or print) Wethers		0)F	
179 01101 7		OSSETOR	March	9 19 62
S. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED	. DATE OF BIRTH	9. AGE (In years IF UNDER	
Female White Wild		pril 20, 1885	76 yrs. Months	Days Hours Min.
	b. KIND OF BUSINESS OR INDUSTR		tete, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
done during most of working life, even if retired)	77	Vanderbilt.		
TIOGEO WILL	Own Home	Pennsylvania		J.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Timothy Rowan		Ellen McDon	ald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	NFORMANT	Address	
(Yes, no, or unkown) (If vasgive wer or dates of service)	181-16-7064 cm	minafield State	Hospital Sykes	ville. Md.
		Tugitera prace	nospicar synes	
18. CAUSE OF DEATH [Enter only one cause	per line for (e), (b), and (c).			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Bronchopneumonia			Days
A DUE TO	•			
06.0 10	Arteriosclerotic	heart disease		Years
Conditions, if eny, which (b)	ar der roscier out	near o disease		16818
(e), stating the underlying DUE TO				
cause last. (c)				
PART II. OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DI	SEASE CONDITION GIVEN IN PAR	
C.B.S. assoc. with cir	ouletony diet	ith carebral an	t with namehoti	PERFORMED?
203. ACCIDENT WAS UNDERLYING 20b.	DESCRIBE HOW INJURY OCCURED			LG 123 [] 140 [X
≥ 1 OF CONTRIBUTING [] CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURED	. (Enter neture of injury in Perr I o	rem ii or nem io.,	
0			f. (City or town) (Cou	unty) (State)
Hour e.m.	While Not While tect	ory, street, office bldg., etc.)		
		12-1157	3-0-	62
21. I certify that (I) (this hospital) at	tended the deceased from	12-11-, 1921	, to 3-9-, 19	
saw the deceased alive on	3-9-19.62, and that	death occured a 2.1.204,	Madhe the causes and on	the date stated above.
22e. SIGNATURE	101			22b. DATE
Clasialus Nos	Cincho M	D. PHYS. DIRECTO	OR PHYS.	3-9-62
27c. PHYSICAN'S	- //	22d. ADDRESS	Land Land	
NAME (Type) Agustin del (Campo. M.D.	Springfield S	State Hospital,	Sykesville, Mo
1				
23e. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY		LOCATION (City, town or coun	
Burial 3-13-62	St. Mary's Cen	netery Sha	rpsburg Alleghan	ny Co. Penna.
24 FUNERAL DIRECTOR'S SIGNATURE Paymo	0 10 ADDRES \$434 Ge		REGISTRAR 256. REGISTRAR'S	SIGNATURE
Hanna E Bumbana	Silver Spring, N			
Warner E. Pumphrey, Inc.	priver phring,	Tary Land Dail HOW	24.	



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YSICIAN: The law requires that the death certificate be exc	ar attending physician.
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DIVISION OF STATISTICAL RESEARCH AND RECORDS --- BALTIMORE 1, MARYLAND 03014 CERTIFICATE OF DEATH 03006PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND Carrol Marvland Carrol c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If autside carporate limits, write c. CITY OR TOWN (If autside carporate limits, write RURAL and give negrest town) RURAL and give nearest tawn)
Middleburg New Windsor d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Brookfield Manor YES NO NAME OF First Middle 4. DATE Last Manth Day Year DECEASED DEATH March (Type ar print) 19 62 THEODORE COOK 5. SEX 6. COLOR OR RACE 9. AGE (In years IF UNDER PYEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) Manths after Days Haurs DIVORCED Male White WIDOWED X 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast af warking life, even if retired) Carpenter Maryland 2 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .⊆ John W. Cook with Shinley Mary 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address 104 Goni Terrace Westminster. Maryland Hubert Cook 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: do IMMEDIATE CAUSE (a) DUE TO remayal, Canditians, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. 0 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CATION PERFORMED2 YES INO IN 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) Manth. Day, Year 20d. INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark p. m. 21. I certify that (I) (this haspital) attended the deceased fram. NOU 62____, that (1) (we) last , and that death accurred at PPM, from the causes and an the date stated above saw the deceased alive an 22d. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. MED. DIRECTOR STAFF PHYS. M.D. Board 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Caricofe. State 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, ar caunty) (State) REMOVAL (Specify) he Buria Ehenezer Cemetery Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE Christing S. Thomas 6 '62 VR A15 (4) DATE MAR Box 241 Sykesville, 1SM 9/59

ARYLAND STATE DEPARTMENT OF HEALTH

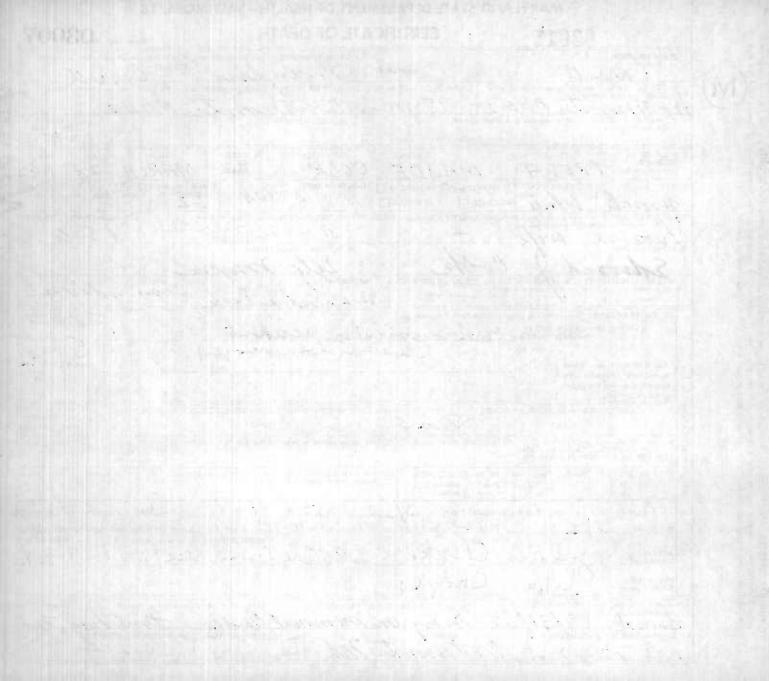
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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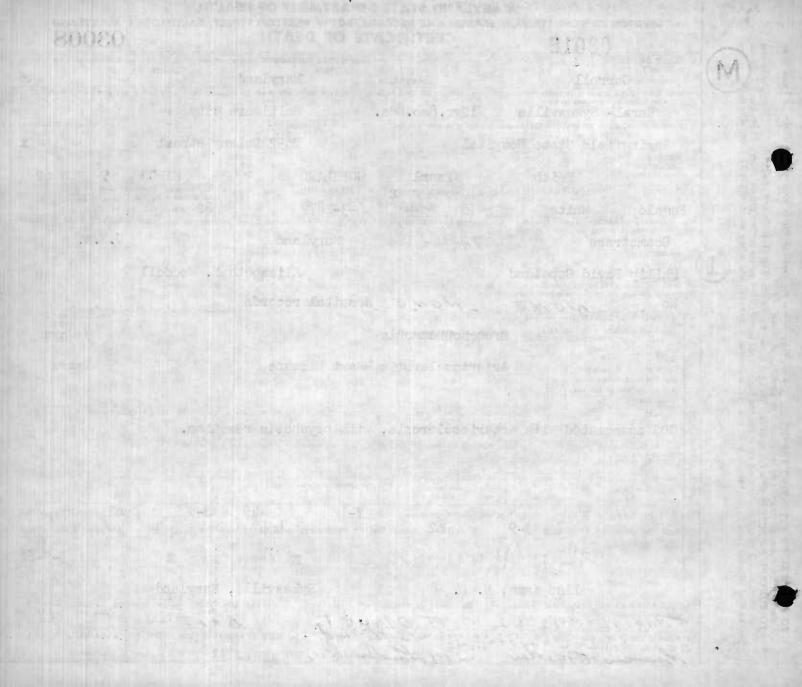
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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect within 24 hours after		ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral	, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should	with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.
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certificate	1	physician	e remove	any ever
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The law requ	attending phy	as been signed	burial-transit	al, cremation,
HYSICIAN:	Page 4 may be retained by the hospital or attending physician.	is certificate his	for use as the	h prior to buri
TENDING 1	retained by t	TOR: After th	be detached	Dept. of Healt
OR AT	may be	DIREC	3 should	he State
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MARYLAND STATE DEPARTMENT OF HEALTH

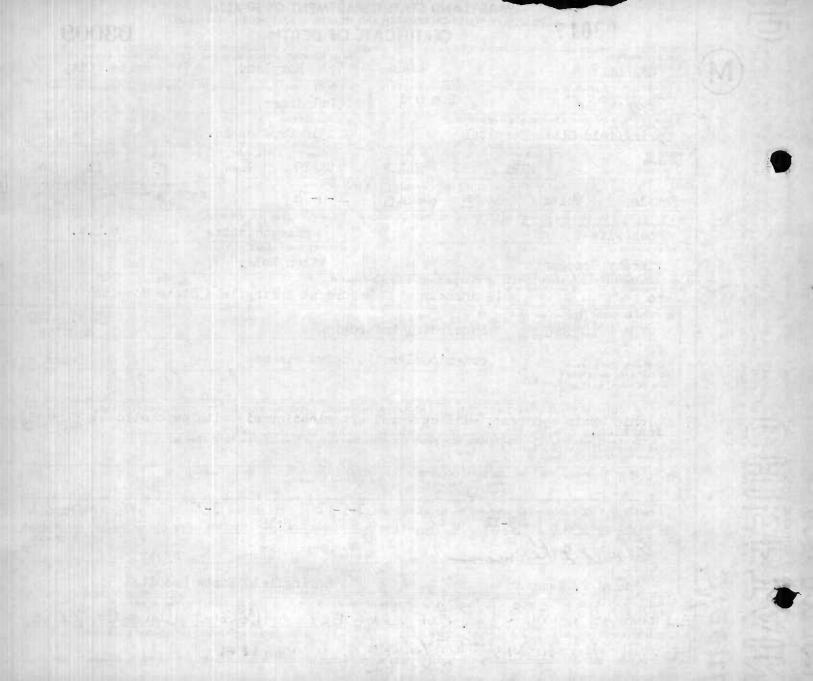
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

03008 03016

1.	PLACE OF DEATH a. COUNTY					SIDENCE (Who	are deceased lived,		esidenc	e before e	dmission)	
	Carroll			MARYLAND	e. STATE	Maryland	ь. со	UNIY			V	
	b. CITY OR TOWN (if outside corporete limits, write RURAL end give neerest town)			c. LENGTH OF STAY IN 16	c. CITY OR T	c. CITY OR TOWN (If outside corporete fimits, write RURAL				end give nearest town)		
	Rural-Sykesville 12yr.8mo.8da.				Baltimore City 3voi-4						+	
1		AL OR INSTITUTION (d. STREET AD	d. STREET ADDRESS e. IS RESIDENCE							
	Springfield State Hospital					2652 Dulany Street						
3.	NAME OF DECEASED	First		Middle	Last	4. DA		nth	Dey	Yeer		
	(Type or print)	Edith		Pearl	COPELAND			ARCH	9	19	62	
5.	SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In yee			IF UNDER		
	Female	White	WIDOWE		6-3-1879		lest birthday 82 yrs.		Days	Hours	Min.	
10.	a. USUAL OCCUPATION one during most of wor	ON (Give kind of worl king life, even if retire	(10b. K	CIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE	E (County & Stat	e, or foreign count	ry) 12. CITI	ZEN OI	F WHAT C	OUNTRY?	
	Seamstre			TAILORING	Maryl	and		U	.S.	A.		
13	. FATHER'S NAME				14. MOTHER'S M	AIDEN NAME						
L		vid Copela				Elizabet	th L. Wed	dell				
	 WAS DECEASED EVE es, no, or unkown) [(If 			SOCIAL SECURITY NO. 17.	INFORMANT		Addr	0\$\$				
	No	NON		NONE	Hospital:	records						
1	18. CAUSE OF DE	EATH [Enter only one	cause per	line for (e), (b), end (c).]						SET AND		
	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Bronchopneumonia									3 days		
	Lufe 20	DUE TO	Hall									
	Conditions, if eny, which \(\) Arteriosclerotic Heart Disease									Years		
	geve rise to immedia	ate ceuse								DE BUILD		
	(e), steting the un	(e), stelling the underlying a										
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY											
CATIO	CBS associated with arteriosclerosis, with psychotic reaction.											
CERTIFICATION	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)											
MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED Hour e.m. While Not While Steel Factory, street, office bldg., etc.											
		nat (this hospi	tal) atten	ided the deceased from	7-1	19/19,	103-9	190	2., 11	nat (M) (we) last	
		21. I certify that (this hospital) attended the deceased from 7-1										
	22e. SIGNATURE	0.0	1		T.						DATE	
		7/ 1	114	DIAMA AMA	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	đ		3-	SIGNED	
	22c. PHYSICIAN'S	1774	1	Comment of the commen	22d. ADDRE							
	NAME (Type)	Ilse Ka	mm. M	. D.	Sy	kesville	, Maryla	nd				
23	e. BURIAL, CREMATIC			23c. NAME OF CEMETER			LOCATION (City,		1)	(\$1	tete)	
1.	REMOVAL (Specify)	1 -3-17-	65	MT.OLI	vist.		BALTI	MORE		M	14.	
24	FUNERAL DIRECTOR	'S SIGNATURE	1 E 19 12	L ADDRESS Ball			EGISTRAR 25b.		SIGNAT	URE		
6	369.L.Scl	In mill	en)	2101 fud	Prickey D	ATE MAD 1	3 '62	arthur S.	tha	us		
-	17 reces	T. TIJOU		1-14/11		MAIL						



after death.



RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03018 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) a. COUNTY b. COUNTY the day Carroll MARYLAND North Carolina at large
c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearest town) yrs.10mos.21 Syke sville /5yrs /1/nos/dys
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Hertford d. STREET ADDRESS Springfield State Hospital 107 Church Street letely 4. DATE Month DECEASED Kate (Type or print) Riddick DEATH Crawford March 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | and but birthday) Months Female WIDOWED X DIVORCED February 20. physician 10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Insurance Saleslady North Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME death William Moore Riddick Kate Wallace Yes Social Security No. 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? Address (Yes, no, or unkown) | (If yes give wer or detes of service) Unknown Springfield State Hospital 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: Heart failure IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which Mitral valvular heart disease gave rise to immediate cause DUE TO (a), stating the underlying Arteriosclerosis. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) CERTIFICATION Schizophrenic reaction, chronic undifferentiated type. 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (County) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) Month, Dev. Yeer factory, street, office bldg., etc.) While Not While Hour e.m. et work | at work 3-28-, 1962, that (I) (we) last 3-28-1962..., and that death occurred 2:00MP from the causes and on the date stated above. saw the deceased alive on...... ATTENDING DIRECTOR PHYS. FUNERAL PHYS. 22d. ADDRESS 22c. PHYSICIAN'S filed v Agustin del Campo M.D. Springfield State Hospital, Sykesville, Md. 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0.5 3 REMOVAL (Specify) Burial Arlington Cemetery Arlington, Virginia
ADDRESS PROJECT BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Robert A. Pumphrey, Bethesda, Maryland DATE

a. IS RESIDENCE

YES NO TO

1962

IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN ONSET AND DEATH

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Years

Years 19. WAS AUTOPSY

arthur S. Thous

PERFORMED?

NO T

(State)

SIGNED

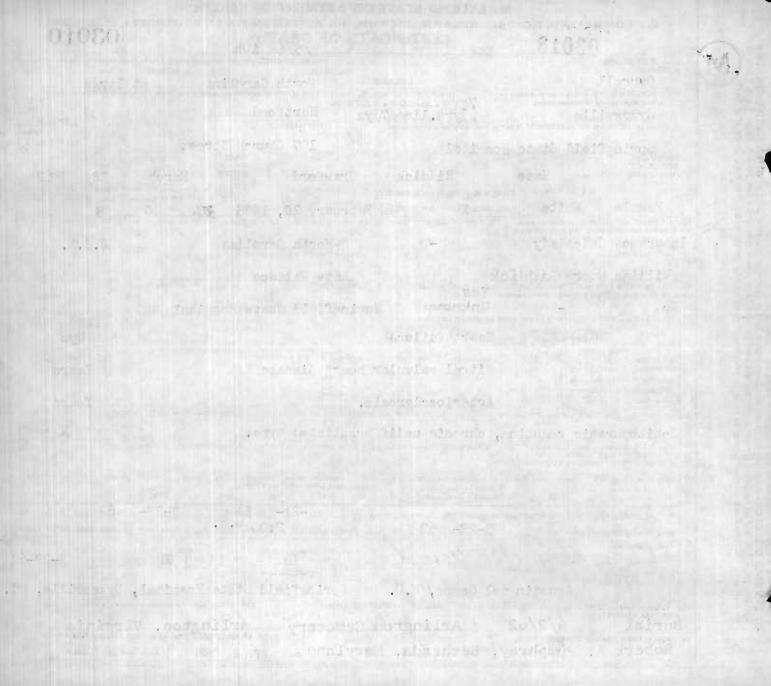
U.S.A.

Devs

ON A FARM?

VR A15 (4) 15M 7/61

24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MARYLAND

CERTIFICATE OF DEATH

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oe	NER	3	State	
may be remined by the nashing of differential prints in the	PUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director,	page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with	the State Baard of Health prior to burial, cremation, or removal, and in any event within 72 hours offer death.	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

Page

03019 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. STATE Carroll b. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawn) Lv. 9m. 6days Kensington Rural--Sykesville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? OR INSTITUTION Springfield State Hospital 10611 Lexington St. YES NO K NAME OF Middle 4. DATE Manth Day Year DECEASED Myrtie Breedlove Crist 3 1062 30 DEATH (Type ar print) 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Manths Days Haurs female white DIVORCED T WIDOWED A yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) USA Maryland 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME Joseph Phillips Eliza Gillespe 17. INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) Springfield Hospital records - Sykesville, Md. No None 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Pulmonary embolism minutes IMMEDIATE CAUSE (a) DUE TO Plebitis (supprative Conditions, if any, which, 2 davs gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY Chronic brain syndrome associated with senile brain disease with PERFORMED? YES NO TO psychotic reaction. 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) 20c. TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark p. m. 1960 19 62, that A (we) last 6/21 21. 1 certify that 10 (this hospital) attended the deceased from._ 1962 , and that death occurred at 3:45m, from the causes and on the date stated above. saw the deceosed alive on 22a. SIGNATURI ATTENDING MED.
DIRECTOR PHYS. M.D. 22d. ADDRESS Springfield State Hospital 22c. PHYSICIAN'S NAME (Type) Buyukunsal. Sykesville, Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lawn, ar caunty) (State) REMOYAL (Specify) Zion Cemetery Buria. Bethesda, Maryland 25b. REGISTRAR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR'S SIGNATURE Pumphrey, Bethesda, Maryland Circhary & Thousa

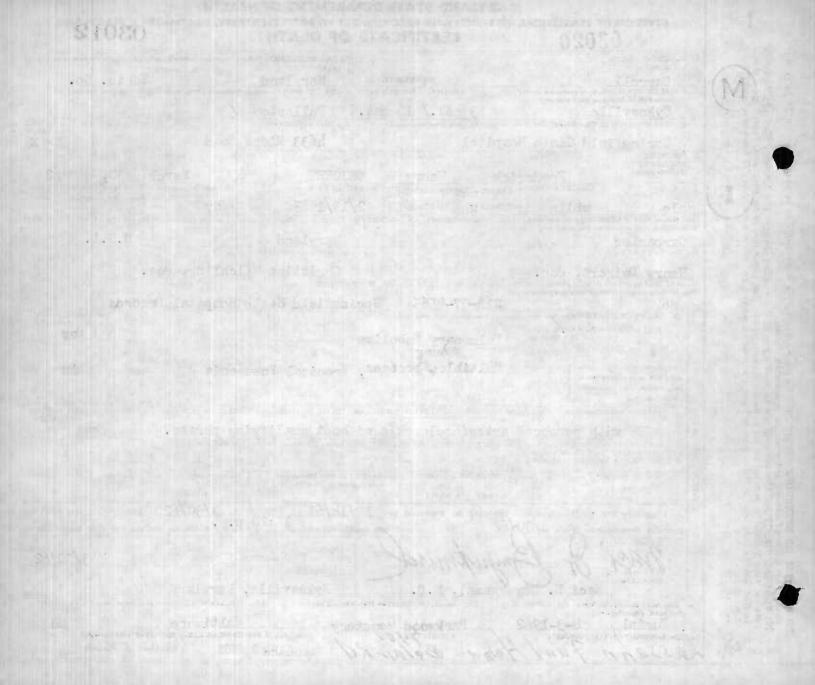
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E DECK Depend this love to get

	17	d
vithin 24 hours after	filled in by the funeral Pages 1 and 2 should irs after death	
certificate be exect	hysician and completely remove carbon papers.	
TO H ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect within 24 hours after	death: Page 4 may be retained by the hospital or attending physician. You FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any every, within 72 hours attended.	
TSICIAN: The law	death: Page 4 may be retained by the hospital or attending physician. YO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detached for use as the burial-transit permit. Be filed with the State Dept. of Health prior to burial, cremation, or removed.	
ATTENDING PHY	be retained by the ECTOR: After this could be detached for ste Dept. of Health p	
O H ITAL OR	death: Page 4 may O FUNERAL DIR director, page 3 sho be filed with the St	
H	VR A15 (4) 1SM 7/61	111

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

0	3020	CERTIFICAT	TE OF	DEA	TH		0303	12
1. PLACE OF DEATH			2. USU		ENCE (Where decease	d lived, If institu	ution: Resider	nce before admission
Carroll		MARYLAND	a. 31	Marv	land		Bal to.	Co.
b. CITY OR TOWN (i	f outside corporate limi	ts, c. LENGTH OF STAY IN 16	c. Cl		/N (If outside corporete	limits, write RUP	RAL end give	nearest town)
60 m a m	give nearest town)	2 / 36 30		-			_	
Sykesvi	TTG	3 mos ./ 16 da if not in hospital, give street address)			erton #6		00	1X - 2
G. HAME OF HOSFIE	AL OK MASHIOHOM (it not in nospital, give street address)	d. 51	REET ADDRE				e. IS RESIDENCE
	ield State	Hospital		4633	Ridge Road			YES NO
3. NAME OF DECEASED	First	Middle		Last	4. DATE	Month	Day	Year
(Type or print)	Frede	wiels Venner	DETG	יחסים	OF DEATH	March	20	19.62
5. SEX	6. COLOR OR RACE	N.	DATE OF		I IO AGI		NDER 1 YEAR	
			,				nths Days	Hours Min.
male		WIDOWED DIVORCED		/1885	77	yrs.		
toa. USUAL OCCUPATI done during most of wor	ON (Give kind of work	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIR	THPLACE (C	ounty & State, or foreig	n country) 1	12. CITIZEN C	F WHAT COUNTR
Carpenter	a von it lante	9/	3.5	arylar	nd		U.S.	Δ
13. FATHER'S NAME				HER'S MAID			0.00.	EL 0
Henry Deig			C	nrist	ina Milchli		•	
I5. WAS DECEASED EVE (Yes, no, or unknown) (If	R IN U.S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17. I	NFORMA	NT		Address		
no			nri no	field	State Hosp	ital Re	cords	
	EATH [Enter only one	cause per line for (e), (b), and (c).]	hr 1116	ricia	olase moob	T. Oak In		TÉRVAL BETWEEN
	WAS CAUSED BY:						ON	JSET AND DEATH
50 A	MMEDIATE CAUSE (a)	Pulmonary Embolis	sm-					I Day
20	DUE TO	Lung						
Conditions, if any	, which (b)	MultibleyAbcesses	B		Danmania		1	Weeks
gave rise to immedia	ate cause	The state of the s	9	onical	r reumon ra			He ekz
(e), steting the un	derlying							
cause last.) (c)							
PART II. OTHER	SIGNIFICANT CONDIT	TIONS CONTRIBUTING TO DEATH BUT NO	TRELATED	TO THE TER	MINAL DISEASE COND	ITION GIVEN IN	V PART 1(a) 1	19. WAS AUTOPSY PERFORMED?
CBS w	ith cerebra	al arteriosclerosis	witho	ut qua	alifying ph	rase.		YES NO
20a. ACCIDENT WA	S UNDERLYING [- '	
OR CONTRIBUTING	CAUSE OF DEATH							
20c. TIME OF INJUI	RY Month, Day, Yes			JRY (Home, foffice bldg.,		₩n)	(County)	(State)
Hour a.m.	19	at work at work						
	at /I) (this beauti	al) attanded the decreed from	12/11	767	10 1- 2/	20/62	10	1 . (1) (-> 1
21. I certify if	idson sini) (i) iai	al) attended the deceased from	16/.14	/. W.L	17 :20 noma	20.702	., 19, 1	hat (I) (we) la
	ed alive on	19, and the	death o	ccured at		causes and	on the da	ale stated abov
22a. SIGNATURE	• ()	d 1 //	ATTE	NDING	MED. ST.	AFF		22b. DATE
I NUCL	A	tunikusa M.			DIRECTOR PH	YS.		3/30/62
22c. PHYSICIAN'S	01	1 del mar		ADDRESS				212-1
NAME (Type)	Naci N. Bi	uniformed M D	•	Stricogs	willo Mony	land		
a BURNAL CREWARD		iyukunsal, M.D.			ville, Mary			15
30. BURIAL, CREMATIC REMOVAL (Spacify)	JIN, 230. DATE THEK	EOF 23c. NAME OF CEMETERY C	JK CKEMA	IOKT	23d. LOCATION		county)	(Stete)
Burial,	4-3-196	2 Parkwood Cem	eterv		Balti	more		Md
A FUNERAL DIRECTOR	S SIGNATURE	ADDRESS 7401	Journ	25a.	REC'D BY REGISTRAR	256. REGISTR.		TURE
GISAL	, Zun/	Home Belais.	21/	DATE	APR 3 '62	arthu	on S. Hora	MB
11/1/10/11/1	1 0101	I will a malant	14	DAIL	194 14			



10000	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1	03021 CERTIFICATE OF DEATH 03013
	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
T T T T T T T T T T T T T T T T T T T	Carroll Maryland Carroll
deat	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
5	RuralWinfield 6 Years RuralWinfield
6	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	P.O. R. D. 2, Sykesville P.O. R. D. 2, Sykesville YES NO
0.77	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
	(Type or print) LOTTIE ESTER DODSON DEATH March 20, 19 62
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
m	Female White WIDOWED DIVORCED October 7, 1897 64 yrs.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
33	Housewife Domestic Madison Co., Virginia U. S. A.
T	
	George Woodward 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
	(Yes, no, or unkown) (Ifyesgive war or dates of service)
	No
	PART I. DEATH WAS CAUSED BY: 72. CASE ONSET AND DEATH
	DUE TO DUE TO 1462
	Conditions, if any, which is abelibeter, My 1110 Varleyre, Chadlac arrest. To
	gave rise to immediate cause
	(a), stating the underlying of arthrecorp characters, property of the cause last.
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING ☐ 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING ☐ CAUSE OF DEATH UNIT FIFTHER, NOTIFY MEDICAL EXAMINER!
	(IF EITHER, NOTIFY MEDICAL EXAMINER)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) Hour a.m. WhileNot While _
	Hour a.m. p.m. While Not While factory, street, office bldg., etc.
	21. I certify that (1) (this hospital) attended the deceased from 200 1900, that (1) (we) last
	saw the deceased alive on January 1962, and that death occurred at M.M., from the causes and on the date stated above.
	22a. SIGNATURE 22b. DATE STAFF SIGNED
	M.D. PHYS. DIRECTOR PHYS. 20 Merch
1	22c. PHYSICIAN'S NAME (Type) HOLLOND F HOLLOND
1	HOWARD E. Hall, M. D. 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
	Burial Mar. 23,1962 Lakeview Mem. Cemetery Carroll Co., Maryland
0	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 258. REC'D BY REGISTRAR'S SIGNATURE
Mo	C. M. Waltz, Box 241, Sykesville, Md. DATE MAR 2 2 62 Chiller S. House
1110	VV AAV "VIII VIII VIII VIII VIII VIII VI

MARYLAND STATE DEPARTMENT OF HEALTH

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RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY 12 T MARYLAND b. CITY OR TOWN (if outside corporala limits, write RURAL and give meanest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO D 3. NAME OF First Middla Last 4. DATE Month Dav DECEASED (Typa or print) DEATH ORSei 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 8. DATE OF BIRTH IF UNDER 24 HRS. pue last birthday) Months Days Hours DIVORCED WIDOWED USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? 11 BIRTHPLACE (County & during most of Morking life, avan if retired) FATHER 14. MOTHER'S MAIDEN NAME 0 DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO. I (Yas, no, or unkown) | (Ifyesgive war or dates of sarvica) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). ONSET AND DEATH PART & DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if any, which gave risa to immediate cause DUE TO (a), stating the underlying causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO CERTIFIC 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20a, PLACE OF INJURY (Homa, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20f. (City or town) (County) (Stata) factory, straet, offica bldg., atc.) While Not While Hour a.m. at work at work p.m saw the deceased alive on.... 190. K..., and that death occured at S.C.M., from the causes and on the date stated above. 22a. SIGNA 22b. DATE ATTENDING STAFF PHYS. DIRECTOR PHYS. M.D. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CHEMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Spacify) + 0 BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATUR 25a. REC'D VR A15 (4) COATE MAR 15M 7/61 arthur S. Trans

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, If institution, Residence before edmission) e. COUNTY hours b. COUNTY the d Carroll Maryland MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end giva neerest town) 24 write RURAL and give nearest town) davs Svkesville mos. Baltimore #17 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 1410 Mt. Royal Springfield State Hospital YES NO TO 3. NAME OF DATE DECEASED compl (Type or print) DEATH Pau l Carleton DUT. TN 19 62 March 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Days male white WIDOWED DIVORCED yrs. physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) contine & Willwork U.S.A. Virginia Accountant attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2 Louis E. Dulin Ella Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (Ifyesgive wer or dates of service) Springfield State Hospital Records 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Corenary occlusion minutes IMMEDIATE CAUSE (e) Arterioclerotic heart disease. Conditions, if eny, which vears geve rise to immediate cause DUE TO (e), steting the underlying Generalized arteriosclerotic heart disease PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(10) 19, WAS AUTOPSY PERFORMED? CBS assoc. with cerebral arteriosclerosis plus pulmonary tuberculosis. NO X 20e. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 1B.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL Month, Dey, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While et work et work 11.1.62...., 19....., that (I) (we) last saw the deceased alive on., 22b. DATE SIGNED STAFF ATTENDING DIRECTOR PHYS. 22 PHYSICIAN 22d. ADDRESS Agustin del Sykesville, Maryland 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 2 4 3 REMOVAL (Specify) Wash. Co., Maryland Sharpsburg, Mountain View Cemetery 3-14-62 Burial 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 8728 RELiberty Road 24 FUNERAL DIRECTOR'S SIGNATURE **VR A15** Chilling & Minus Randallstown, Md. MAR 1 4 '62 15M 7/61

RYLAND STATE DEPARTMENT OF HEALTH

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1	MARYLAND STATE DEPARTMENT OF HEALTH	
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the funeral 2 should	1. PLACE OF DEATH a. COUNTY ARROLL MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If institution, Residence before e. STATS MARYLAND	e dmission)
4 your	b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town write RURAL end give neerest town WESTMINSTER BIRTH 27 Mat warmanter Westminster	
within within saly filled rs. Pages hours a	CARROLL CO. GEN. HUSP GAMARICO NATO VEST	RESIDENCE A FARM?
completely on papers. thin 72 ho	DECEASED SETTING SETTING STEEL STEEL DEATH MARCH 20 19	62 R 24 HRS.
and carbo nt, wi	MALE WHITE WIDOWED DIVORCED MARCH 19 1962 last birthdey) yrs. Hours IDe. USUAL OCCUPATION (Give kind of work IDb. KIND OF BUSINESS OR INDUSTRY II. BIRTHPLACE (County & Siete, or foreign country) 12. CITIZEN OF WHAT	Min.
ith certificating physician ase remove in any ever	done during most of working life, aven if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
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ss that the sian. by the a rmit. The remover	18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] William K. Coper Westpassella Interval Be ONSET AND	TWEEN DEATH
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ATTER be reta ECTOR ould be ste Dept	21. I certify that (I) (this hospital) attended the deceased from MARCH 19, 1962 to MARCH 19162, that (I) saw the deceased alive on MARCH 201962, and that death occurred at 13,4%, from the causes and on the date state	ed above.
AL OR AL DIR AL DIR 39 3 sho h the Sto	220. STATURE 220. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DIRECTOR PHYS. 3 - 22d. ADDRESS	b. DATE SIGNED 20-6
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TO HO TO HO As TO FUN As filed As filed	APPROVAL (Specify) 3/21/62 Medan Bruch Cuntley Rual MATMENTE. 24 PONERAL DIRECTOR'S SIGNATURE ADDRESS 250. REGISTRAR 256 REGISTRAR'S SIGNATURE	mk
15M 9/60	J. 2. mjers, J. Westmineter Md DATE WAR 2 2 '62 arthur S. Known	

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4 1 18:50 within 24 hours after completely pou and physician 0 attending physician. has been signed ne burial-transit p certificate 8 0 DIRECTOR: After the should be detached page with t

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceesed kived, If institution: Residence before admission) e. COUNTY b. COUNTY Carroll MARYLAND Maryland Frederick b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL and give nearest town) llyrs9mos14dys Sykesville Frederick d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Springfield State Hospital 407 Fairview Avenue Middle 4. DATE Month DECEASED OF (Type or print) Engelbrecht DEATH Jeannette March Agnes 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED K 8. DATE OF BIRTH last birthday) Female WIDOWED T DIVORCED June 23, 1897 64 yrs 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stele, or foreign country) done during most of working life, even if retired) Housework Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Abraham Lincoln Engelbrecht Jeannetta kkonz Akers 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Ad dress Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c),] PART I. DEATH WAS CAUSED BY: Diabetic Coma IMMEDIATE CAUSE (e) DUE TO Acute Diabetes (6) gave rise to immediate cause DUE TO (e), steting the underlying Terminal Bronchopneumonia cause last

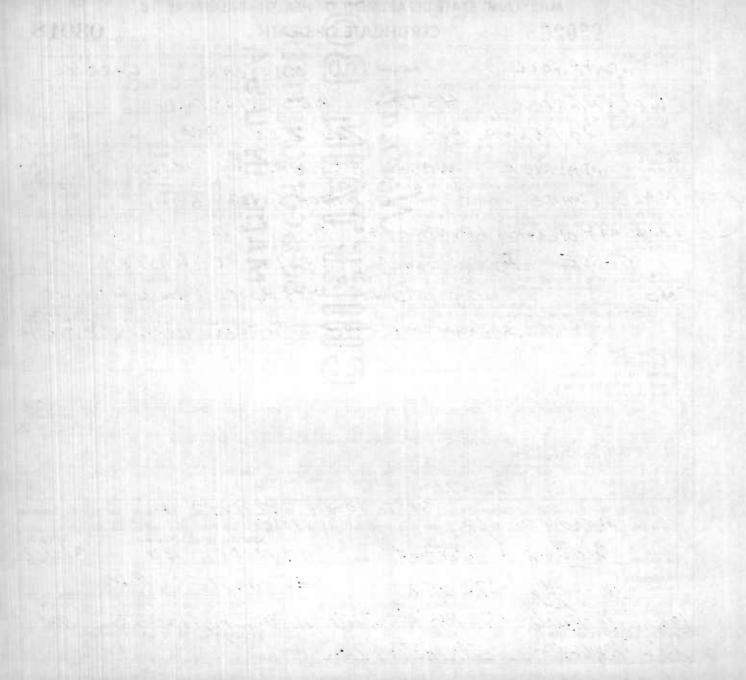
ON A FARM? YES NO Yeer 28 19 62 IF UNDER 24 HRS. 9. AGE (In years | IF UNDER 1 YEAR Months Days 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTÉRVAL BETWEEN ONSET AND DEATH Hours Davs Days PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? Psychosis with convulsive disorder, epileptic, clouded state. YES TY NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING TI OR CONTRIBUTING CAUSE OF DEATH (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work p.m. 3-28-.....162...., and that death occurred 3:15.M, from the causes and on the date stated above. DATE ATTENDING SIGNED DIRECTOR PHYS. PHYS. 3-28-62 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Agustin del Campo, M.D. Springfield State Hospital, Sykesville, Md. 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d, LOCATION (City, town or county) REMOVAL (Specify) Jefferson, Md. Reformed Cemetery 25a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE M. R. Etchison & Son, Frederick, Maryland arthur & thrus DATE APR 2

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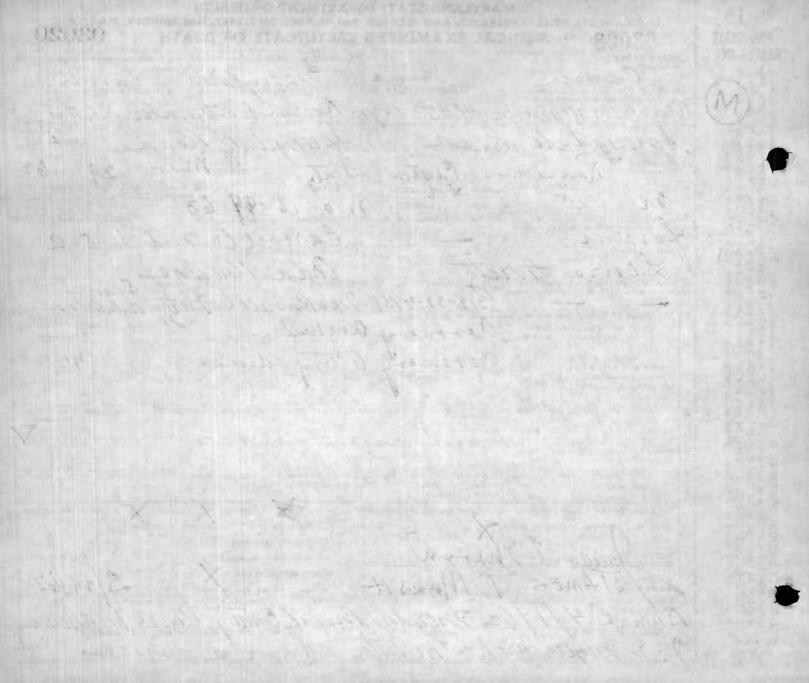
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) e. COUNTY b. COUNTY The reference or. Page files. Health, MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end glv eerest town) write RURAL end give neerest town) ME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 10622 YES T NO 4 DATE Month Yeer DECEASED OF (Type or print) DEATH 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED ast birthday) Months Devs WIDOWED 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) FATHER'S NAME 14. MOTHER'S MAIDEN NAME Redman AS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address or unkown) | (If yes give we ror detes of service) 18. CAUSE OF DEATH (Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) **DUE TO** Conditions, if env. which geve rise to immediate cause DUE TO (a), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of Item 18.) age 3 sho to burial, 20e. PLACE OF INJURY (Home, ferm, fectory, street, office bldg., etc.) 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED ! 20f. (City or town) (County) (Stete) 13 19 602 work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X. Inquiry and in my opinion Accident * Undetermined manner death resulted from: Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER pluods Address (Street, city, town, or county) 220. BURIAL REMATION, 226. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (Stete) REMOVAL (Specify) Parklawn Cemetery Rockville Montgomery Co, Maryland 3-21-62 0 **940** Burial 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
MAR 21 '62 Critical A. Then ADDRESS 34 Georgia Ave 23. FUNERAL DIRECTOR anilus S. Fliance VS. A15ME 5M 7/59 Inc. Silver Spring, Maryland DATE Pumphrey.

STATE DEPARTMENT OF HEALTH

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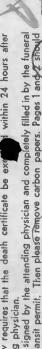
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY Page b. COUNTY 88 MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 director. write RURAL and give nearest town) 5 . IS RESIDENCE ON A FARM? baniel YES AND Middle DATE DECEASED OF (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BU AGE (In yeers | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. est birthdey) Months Days Hours Min. WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) urmer PM3. FATHER'S NAME 14. MOTHER SOCIAL SECURITY NO. (Yes, no, or unkown) | (If yes give wer or detes of service) 18. CAUSE OF DEATH [Enter only one cause pen line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY CERTIFICATION PERFORMED? v 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 2De. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. CAL 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm,) 20f. (City or town) Month, Dey, Yeer (County) (Stele) fectory, street, office bldg., etc.) MEDI While Not While Hour e.m. et work | et work CIOR 21. I certify that I took charge of the remains described above, held an Autops Inspection and in my opinion Suicide Homicide Undetermined manner death resulted from: Natural causes CHIEF MEDICAL EXAMINER forwar ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR FUNERAL esignat execut 3 DEPUTY MEDICAL EXAMINER pluods Address (Street, city, town, of county) 22d. LOCATION (City, town, or country) BURIAL CREMATION. (State) . 0 P40 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59 162

YLAND STATE DEPARTMENT OF HEALTH



TO EPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

Yes TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.



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MARY	LAND STATE DEPARTMENT OF HEALTH	
ISION OF STATISTICAL RESEA	RCH AND RECORDS, 301 W. PRESTON STREET, BA	ALTIMORE 1, MARYLAND
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1. PLACE OF DEATH					SIDENCE (Who	ere daceased lived, If		idence before edmiss
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b. CITY OR TOWN (f outside corporate limit	is, c	LENGTH OF STAY IN			corporate limits, write		
Sykesv	give nearest town)	0	yrs4mos19dy	Re I	timore	10	2	1101.4
d. NAME OF HOSPI	TAL OR INSTITUTION (f not in hospita	al, give street eddress)	d. STREET AD		10		e. IS RESIDE
				3.00	4 5 4			ON A FAI
3. NAME OF	field State	нозр1	Middle LBT.	Last	L& Barci	ay Street		YES NO
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13. FATHER'S NAME				14. MOTHER'S M				
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21 I certify t	hat (I) (this hospit	al) attende	d the deceased fro	om 11.	9- 1959	to3-25	196	2 that (1) (we)
envy the decent	ed alive on	3_2	8-19.62., and	that death accurac	8:30 F	m.	and on the	date stated ab
22e. SIGNATURE	/	0 0	n all a	liar dealif occured	alve.v	non me causes	and on the	22b. DA
agu	estin de	el C.	mpo	M.D. ATTENDING	MED. DIRECTOR	STAFF PHYS.		3-2
72c. PHYSICIAN'S NAME (Type)	Agustin	del Cam	100, M.D.	Spring:		ate Hospi	tal, Sy	kesville,
23a, BURIAL, CREMATI			D A TO	ERY OR CREMATORY	-	LOCATION (City, to		(Stete)
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1 OR STATE	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
LTH DEPT.	Reg. Dist. No. PLACE OF DEATH o. COUNTY Carroll MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Penna b. COUNTY York
94 94	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town) Westminster c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town) Hanover 75 x 3
8	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Jordon Convelescent 127 & Green St STREET ADDRESS ON A FARK YES NO
the State	3. NAME OF DECEASED (Type or print) Laura May Fuhrman Lost 4. DATE Month Doy Year OF DEATH march 31 1962
2 with	5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Nov 18, 1869 9. AGE (in years) Industry If UNDER 1YEAR IF UNDER 24 HRS. Months Days Months Days Months Min.
l and hin 72 h	100. USUAL OCCUPATION (Give kind of work done during meth of working life even if retired) 11. BIRTHPLACE (Stole or foreign country) Stonersville Md 12. CITIZEN OF WHAT COUNTRY? USA
pages	John Milton Shade 14. MOTHER'S MAIDEN NAME Rebecca Leister
it. File	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT None 16 forces Baltimore, Md. None None 17. INFORMANT None 316 Edgewood Ave
s a burial-transit perm on, or remavol, and it	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: JAMEDIATE CAUSE (o) Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost. (c) Course lost. (c) INTERVAL BETWEEN ONSE AND DEATH Course lost. (d) INTERVAL BETWEEN ONSE AND DEATH Course lost. (e) INTERVAL BETWEEN ONSE AND DEATH Course lost. (b) DUE TO (c)
cremotio	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED YES NO NO NO DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of Item 18.)
or to burial,	206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port If of item 18.) 207. TIME OF INJURY Month, Doy, Year CAUSE OF DEATH. 208. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port If of item 18.) 209. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port If of item 18.) 209. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port If of item 18.) 209. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port If of item 18.) 209. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port If of item 18.) 209. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port If of item 18.)
designated agent, pri	21. I certify that I taak charge of the remains described obave, held an Autapsy, Inspection
or its	220. AURIAL CREMATION, 22b. DATE THEREOF Apr. 3, 1962 Rest Haven Cemetery Hanover York Penna. (Slote)
E	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CMI Walt Turnel Jomes Box 247 Sykesville, Md DATE PR 4 162

the control according to the state of the st

LACE OF DEATH COUNTY Carr CITY OR TOWN (if or write RURAL end gis Sykesvil. NAME OF HOSPITAL Springfi NAME OF DECEASED Type or print) EX Male USUAL OCCUPATION of during most of workin Postal cl FATHER'S NAME	Itside corporate limit: re neerest town) 1e OR INSTITUTION (if eld State First Charl COLOR OR RACE White (Give kind of work g life, even if retirec	not in hospit HOSDI es 7. MARRIED WHOOWED	tal Middle Hambleton Mever Married [Divorced [e. d. d.	Bal timol STREET ADDRESS 1333 W. Last ibson OF BIRTH	cyland (If outside corporate 11 LiOth St	b. countries of the cou	Balta RURAL and give 3 VC	o City va neerest to / - 4 o IS I ON YES ay Yes	RESIDENCE A FARM
Write RURAL end gives Sykesvil. NAME OF HOSPITAL Springfi NAME OF HOSPITAL Springfi VAME OF HOSPITAL Springfi VAME OF HOSPITAL Springfi VAME OUT OF HOSPITAL FATHER'S NAME	e neerest town) le OR INSTITUTION (if eld State First Charl COLOR OR RACE White (Give kind of work g life, even if retirec	not in hospit HOSDI es 7. MARRIED WHOOWED	19 days el, give street eddress) tal Middle Hamble tor Never Married	d.	Bal timor STREET ADDRESS 1333 W. Last ibson OF BIRTH	LOth St	reet March	3 V	0 1 - 4 0 15 F 0 N YES [RESIDEN
VAME OF DECEASED TYPE OF PRINTS OF P	First Charl Color OR RACE White (Give kind of work g life, even if retirec	es 7. Married Widowed	Middle Hambleton Mever Married Divorced	n G	ibson of BIRTH	4. DATE OF DEATH	March	9,	ay Ye	
Male USUAL OCCUPATION during most of workin Postal cl	White (Give kind of work g life, even if retired	WIDOWED 10b. KIN	DIVORCED	8. DATE		10				62
Postal cl	g life, even if retired	10b. KIN		4 1	uary 18	, 1879	last birthday) 83 yrs.	Months Day	IF UNDE	R 24 HI
0 0.			O OF BUSINESS OR INC		Maryland OTHER'S MAIDEN	1	foreign country)		.A.	COUNT
George Gi WAS DECEASED EVER I no. or unkown) (Ifye	N U.S. ARMED FOR	CES? 16. SC	OCIAL SECURITY NO.		Emma H.	Gibson	Address			
Conditions, if any, gave rise to immediate	AS CAUSED BY: AEDIATE CAUSE (e) DUE TO which cause	cause per line	for (e), (b), end (c).]					1	MTERVAL BE ONSET AND Years	DEATH
C.B.S. ass	oc. with	cerebr	al arterio	scleros	is. Dial	oetes Me	ellitus.	EN IN PART 1(a	19. WAS PERFO YES	AUTO ORMEI NO
20c. TIME OF INJURY Hour a.m. p.m.	19	While at work	Not While et work	fectory, stree	et, office bldg., et	c.)				(State
saw the deceased									date state	
			M.D.	M.D. PH	d. ADDRESS		STAFF PHYS. X	vkesvil	3/	1998
	PART I. DEATH W. IMA Conditions, if any, v. gave rise to immediate (a), stating the undecause last. PART II. OTHER SIGN C. B.S. 255 Co. ACCIDENT WAS DR. CONTRIBUTING 11 FEITHER, NOTIFY ME 20c. TIME OF INJURY Hour a.m., p.m. 21. I certify that saw the deceased 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	IB. CRUSE OF DEATH [Enter only one PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDIT C. B. S. assoc. with CO. ACCIDENT WAS UNDERLYING DECONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER; CITCHER 19. M. 19 20c. TIME OF INJURY Month, Dey, Yee Hour a.m. p.m. 19 21. I certify that (I) (this hospitals with deceased alive on Max. 22c. SIGNATURE C. PHYSICIAN'S NAME (Type) Adnan So	IB. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) Arte DUE TO Conditions, if ally, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTR C.B.S. ASSOC. With Cerebr CO. ACCIDENT WAS UNDERLYING [] CO. CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) CO. TIME OF INJURY Month, Dey, Yeer Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attended saw the deceased alive on March 22. SIGNATURE DOWN MARCH [1) CO. PHYSICIAN'S NAME (Type) Adman Sontez, BURIAL, CREMATION, 23b, DATE THEREOF EMOVAL (Specify)	IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE C. B. S. assoc. with cerebral arterios Co. ACCIDENT WAS UNDERLYING TO DESCRIBE HOW INJURY OCCURRED DR. CONTRIBUTING CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER; 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED ADDR. CONTRIBUTION TO THE WORK OF INJURY OCCURRED AND While Not While at work et work to et work ASSOC. IN I certify that (I) (this hospital) attended the deceased for saw the deceased alive on. March 9,	IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAT C. B. S. assoc. with cerebral arterioscleros Co. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter r) DR CONTRIBUTING [CAUSE OF DEATH FEITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attended the deceased from Feb.asiaw the deceased alive on March 9. 22. SIGNATURE PHYSICIAN'S NAME (Type) Adnan Sonmez, M. D. BURIAL, CREMATION, 23b. DATE THEREOF EMOVAL (Specify) 23c. NAME OF CEMETERY OR CREATERY OF CRE	IB. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) DUE TO Conditions, if a v, which gave rise to immediate cause (a), stating the underlying Cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM C. B. S. assoc. with cerebral arteriosclerosis. Dial Co. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM C. B. S. assoc. with cerebral arteriosclerosis. Dial CO. ACCIDENT WAS UNDERLYING When the Electric of Injury in Electric of Injury in Electric of Injury in Electric of Injury Medical Examiner; Co. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 19 10 11 12 12 13 14 15 15 15 16 17 17 18 18 19 19 19 19 19 19 19 19	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF C.B.S. assoc. with cerebral arteriosclerosis. Diabetes Method Contributions of Diabetes Method Contributions of Diabetes Method Contributions of Diabetes Method Contributions of Cause of Death of of Cause o	18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).] PART I. DEATH WAS CAUSED BY:	Service Part Death Records Records	Records

MARYLAND STATE DEPARTMENT OF HEALTH

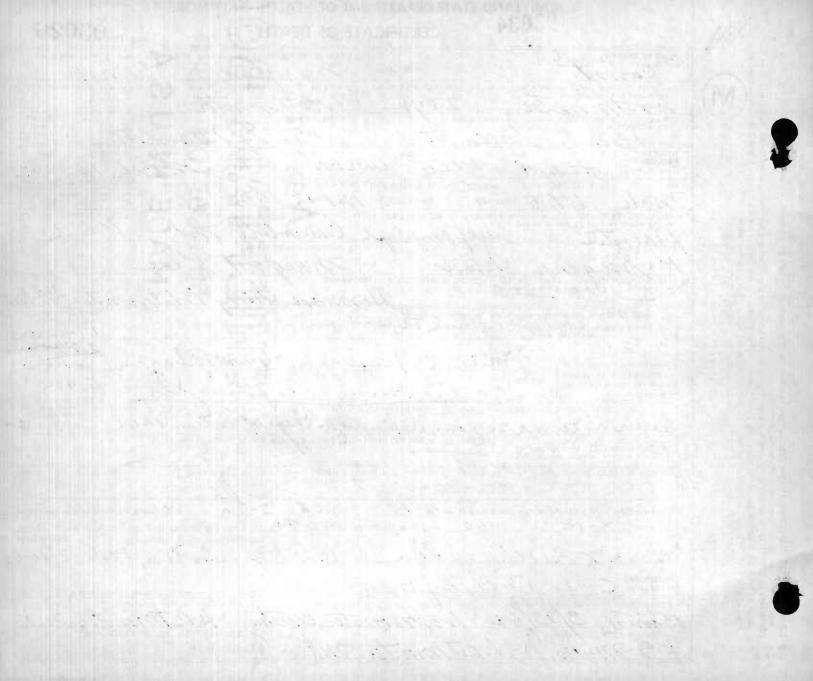
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M	PLACE OF DEA			2.	e. STATE		b. COUN		nce before edmission)
		Carroll		YLAND		ryland			ington
	b. CITY OR TOWN	(if outside corporate limits, and give neerest town)	c. LENGTH OF S	TAY IN 16	c. CITY OR TOWN	l (If outside corpo	rete limits, write	RURAL end give	nearest town)
_	Sykesvi		lyr.6mos.		Hager			21%	(12
5		ield State Ho	not in hospital, give street ad	dress)	d. STREET ADDRES	S			e. IS RESIDENCE ON A FARM? YES NO K
1	3. NAME OF	First	Middle		Lest	4. DATE	Month	Day	Yeer
)	(Type or print)	Willia	m Wesle	v	Gouker	OF DEATH	March	28.	1962
	5. SEX	A . Comm Course Course States and	. MARRIED NEVER MARE		ATE OF BIRTH	19.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
	Male	White	WIDOWED K DIVOR		tober 6,			Months Days	Hours Min.
	10a. USUAL OCCUP	ATION (Give kind of work working life, even if retired)	106, KIND OF BUSINESS	OR INDUSTRY 1	II. BIRTHPLACE (Co	unty & Stete, or i	oreign country)	12. CITIZEN C	OF WHAT COUNTRY?
		- huckster	-		Marylan	nd		U.	S.A.
	13. FATHER'S NAME			14.	MOTHER'S MAIDE	N NAME		1	
	Curtis	Gouker		1334	Annie '	Thomas			
	15. WAS DECEASED	EVER IN U.S. ARMED FORC		NO. 17. INF			Address		
	No	(If yes give wer or detes of ser	220-16-282		ringfield	Hospita	1 Record		
			ause per line for (e), (b), end	(c).]				NI O	TERVAL BETWEEN NSET AND DEATH
	PART I. DE.	ATH WAS CAUSED BY:	rteriosclerot	cic card	iovas cula:	r diseas	e with		Years.
	143		posterior wal						
	Conditions, if e		Several decubi					1	Weeks.
	geve rise to imm	ediete ceuse	010202						
	(a), steting the cause last.	underlying							
	Z PART II OTI	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEA	ATH BUT NOT RE	ELATED TO THE TERA	AINAL DISEASE O	ONDITION GIVE	N IN PART 1(e)	19. WAS AUTOPSY
5	OT H S see	soc.with cere	bral arterios	clerosis	s with psy	rchotic	reaction		PERFORMED?
	Intertr 200. ACCIDENT OR CONTRIBUTIN	ochanteric fr	Patient slim	emur, ol	d. (Medical	Examin	er relea	ased	IES NO LA
	OR CONTRIBUTION	NG CAUSE OF DEATH FY MEDICAL EXAMINER)	Patient slip	ned on f	'loor	or rail (I	bod	ly)	
								(County)	(State)
	20c. TIME OF IN		While Not While	fectory,	street, office bldg., e	otc.)			
	Pill	. rep.y 19 0	2 et work et work		ital		ville	Carrol	
	21. I certify	that (I) (this hospita	I) attended the deceas	sed from Ser	ot. 6,	, 1960., to.1	March. 28	,, 1962	that (I) (we) last
	saw the dece	eased alive on Mar	ch 27, 19.62,	and that de	eath occured af?	: 454 Mrom	the causes	and on the d	late stated above
	220 SIGNATUR	E _ /			1				226. DATE
	- 5	Anon An	ine I	M.D.	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.		3/28/62
,	22c. PHYSICIAN				22d. ADDRESS				,
	NAME (Ty	Pe) Adnan Son	mez, M.D.		Springfie				
		ATION, 236. DATE THERE	OF 23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOCA	TION (City, tow	n or county)	(Stete)
	Buria1	") Mar.31,	1962 St. Pa	uls Lu	theran	Myer	sville.	Fred.	Co. Md.
	24 FUNERAL DIRECT		F. Bitches.			REC'D BY REGIST	RAR 256. REG	ISTRAR'S SIGNA	TURE
	1	uk til	Fell / Mr	101mi		MAR 3 0 '62		Chur S. Tha	
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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH e. COUNTY b. COUNTY the d Maryland Charles Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearast town) write_RURAL and give nearest town) Sykesville 7mo. 13d. Nanjemov d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield YES NO State Hospital NAME OF 4. DATE Middle Lest Month Day Year DECEASED OF compl DEATH (Type or print) 19 Dent Grav Henry pou IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR and last birthday) Months Devs Hours white male WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) USA Maryland 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME George T.C. Gray Annie M. Grav 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) | (If yas give wer or detes of service) Hospital Records g physician. signed by the unknown none INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cardiac Failure dav IMMEDIATE CAUSE (e) DUE TO affending Arteriosclerotic heart disease vears Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? Schizophrenic reaction, paranoid type in a mental defective NO X 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OP. CONTRIBUTING [] CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stete) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work at work DIRECTOR: 1904, that (I) (we) last 21. | certify that (I) (this hospital) attended the deceased from... 10. saw the deceased alive_on.....? 22b. DATE SIGNED ATTENDING STAFF PITAL Page 4 X PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S Springfield State Hospital (Stete) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOGATION (City, town or county) 0 25a. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) arthur S. Krous 1SM 7/61

RYLAND STATE DEPARTMENT OF HEALTH

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Reg. Dist. Q3026 **CERTIFICATE OF DEATH** 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN If outside carporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESTDENCE OR INSTITUTION ON A FARM? by 12 YES NO 3. NAME OF Middle 4. DATE Month DECEASED filled (Type or print) DEATH 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH lost birthday) Months Days WIDOWED [DIVORCED [10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most af working life, even if retired) pup carban 12 FATHER'S NAM ofter 14. MOTHER'S MAIDEN NAME haurs remave IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. **INFORMANT** Address yes, give war or dates of service) attending 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (o)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) 714 DUE TO Canditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underond lying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REPATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 20 years, in YES NO TA 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enley nature of injury in Part 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20d. INJURY OCCURRED (County) (State) foctory, street, affice bldg., etc.) Hour a. m. While Nat while ot wark ot wark 21. I certify that I ottended the deceased from 12-15 3-10 1962that I lost sow the deceosed 1962, and that death occurred at 9A M, from the couses and on the date stated above. TO FUNERAL DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL 3 shauld PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DAJE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) 23. EUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE **ADDRESS** VS A15 (4) Circhar & Flores DATE 15M 9/58



CERTIFICATE OF DEATH 03032 funeral 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) PLACE OF DEATH a. COUNTY Carroll MARYLAND 12 d Marvland Balto, City death by the b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) filled in Pages 1 Baltimore 11 (Rural) Sykesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? 3842 Quarry Avenue YES NO TO Springfield State Hospital completely 3. NAME OF Middle 4. DATE Month Day DECEASED (Type or print) clarence Griffith DEATH 62 Raymond March 19 19 within and cor 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR last birthday) Months Male WIDOWED [DIVORCED X August 10. 1886 physician He. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Count, a State, or fore country) dona during most of working life, avan if retirad) Huckster U.S.A. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME .= attending John Griffith Alice Gosnell 1 Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address The law requires that the (Yas, no, or unkown) | (If yas give war or datas of sarvica) hospital or attending physician. Unknown Springfield Hospital Records 216-01-3657 INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic heart disease Years the burial-transit DUE TO Coronary arteriosclerosis Years Conditions, if any, which gave rise to immediate cause DUE TO (e), stating the undarlying Bronchopneumonia Davs PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? C.B.S. associated with circulatory disturbance with cerebral art. NO [use OR CONTRIBUTING | CAUSE OF DEATH After this 2De. PLACE OF INJURY (Home, farm, ! 20f. (City or town) 20c. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED I (County) (Stata) factory, street, office bldg., etc. Not While Whita Hour a.m. at work 21. I certify that (I) (this hospital) attended the deceased from 2-21-, 1957, to 3-19-, 1962, that (I) (we) last 3-19-19-62, and that death occured al3...DM, from the causes and on the date stated above saw the deceased alive on..... 22a. SIGNATURE SIGNED ATTENDING STAFF DIRECTOR PHYS. 3-19-62 FUNERAL PHYS. M.D. 22d. ADDRESS Agustin del Campo. M.D. Springfield State Hospital, Sykesville, Md. director, l 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23. BURLAL CREMATION | 23b. DATE THEREOF REMOVAL (Spacify) 0 Mt. Zien, Black Roak Road Burial March 23. 1962 Baltimore Co. Maryland 25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 3631 Falls Road, Baltimore Burgee Funeral Home 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

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TO SAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed that the hospital or attending physician. S > TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03028

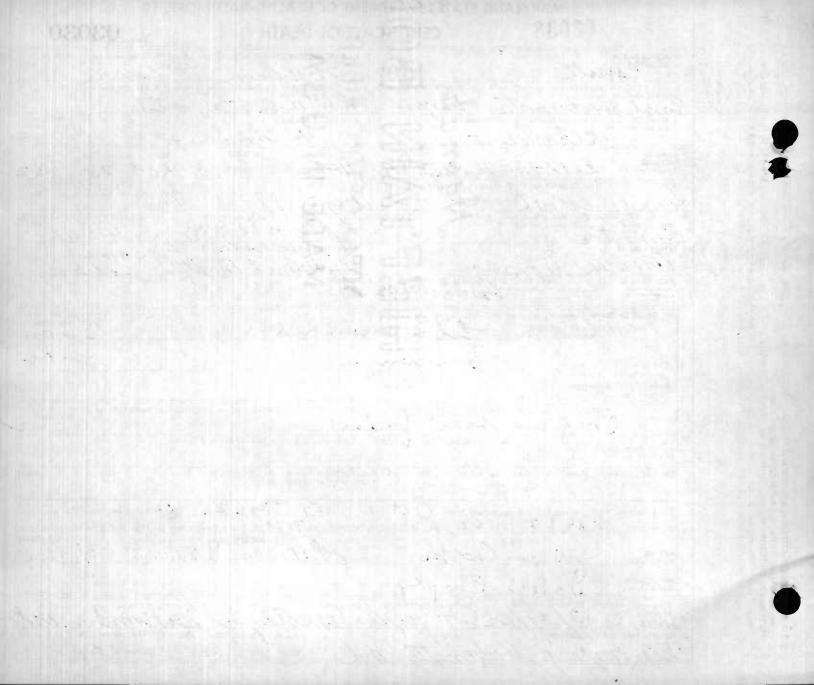
П	1. PLACE OF DEATH		2. USUAL RESIDENCE (Where de	eceased lived, If institut	ion: Residence before admission
1	a. COUNTY CARROLL	MARYLAND	a. STATE MARYLAN	b. COUNTY	DARROLL
	b. CITY OR TOWN (if outside corporete limits, write RURAL and give neerest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	orete limits, write RURA	L and give neerest town)
	WESTMINSTER	1 DAYS	X NEW YYINI	DSOR	RURAL
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hos	spital, giva street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES \ NO \
ŀ	3. NAME OF First	Middle	Last 4. DATE	Month	Dey Yeer
	(Type or print) Anth		Hairos DEATH	MARNH	5 1962
	5. SEX 6. COLOR OR RACE 7. MARRII	ED NEVER MARRIED 1 8	DATE OF BIRTH 9		
	M WIDOWI	ED X DIVORCED	90830-1879	82 yrs. Mont	ths Deys Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	CIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & Stete, or	foreign country) 12	. CITIZEN OF WHAT COUNTRY
	FARMER	FARM	CARROLL C	O, MO	USH
	13. FATHER'S NAME	1.11-	14. MOTHER'S MAIDEN NAME	NH DAI	
	CHARLES HA	MES	FKANCES S	IEKIV	2041
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. (Yes, no, or unknown) (Ifyesgivewerordetesofservice)	SOCIAL SECURITY NO. 17.	INFORMANT	Address	MUMME
	IVO Z	17-36-1196 111	YSTRANK HOOVE,	R NEW V	VIIVDSOR 19V
	18. CAUSE OF DEATH (Enter only one ceuse per	line for (a), (b), and (c).	7.0		ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY:				
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e)	Lardiaz	- Talure		day
	1 DUE TO	cardiae	- Talue		- 3 day
	IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate ceuse	Erteriasele	ratio Cardio-	Vascular	Pisease- year
	Conditions, if eny, which gave rise to immediate ceuse (a), stelling the underlying	Exteriescle	ratic Cardio-	Vascular.	Pisease- year
	Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest.	erteriesele			Piscase - Year
	Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest.	arteriescle			PERFORMED?
)	Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest.		DT RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN	
)	Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI			CONDITION GIVEN IN	PERFORMED?
)	Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS COLOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURED	OT RELATED TO THE TERMINAL DISEASE O. (Enter natura of injury in Part I or Part I CCE OF INJURY (Homa, ferm, † 2Df. (City	CONDITION GIVEN IN I of item 18.)	PERFORMED?
	DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. Whil	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 2De. PLA B Not While faci	OT RELATED TO THE TERMINAL DISEASE Of the control	CONDITION GIVEN IN I of item 18.)	YES NO .
3	DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	SCRIBE HOW INJURY OCCURED INJURY OCCURRED 2De. PLA e Not White fact rk et work	OT RELATED TO THE TERMINAL DISEASE O. (Enter natura of injury in Part I or Part I CCE OF INJURY (Home, ferm, 2Df. (City street, office bldg., etc.)	CONDITION GIVEN IN I of item 18.) y or town)	PERFORMED? YES NO (County) (State)
	DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attentions	INJURY OCCURRED 2De. PLA e Not White et work per deceased from.	OT RELATED TO THE TERMINAL DISEASE O. (Enter natura of injury in Part I or Part I CCE OF INJURY (Homa, ferm, 2Df. (City, streat, office bldg., etc.)	CONDITION GIVEN IN I of item 18.) y or town)	YES NO (County) (State)
	DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19	INJURY OCCURRED 2De. PLA e Not White et work per deceased from.	CE OF INJURY (Home, ferm, 2Df. (City, street, office bldg., etc.)	CONDITION GIVEN IN I of item 18.) y or town) 3/5/42 In the causes and	(County) (State) (County) (State) 7 19, that (I) (we) last on the date stated above 22b. DATE
	DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COLOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 el wo 21. I certify that (I) (this hospital) attents saw the deceased alive on	INJURY OCCURRED 2De. PLA facing with the deceased from and that	OT RELATED TO THE TERMINAL DISEASE O. (Enter natura of injury in Part I or Part I CCE OF INJURY (Homa, ferm, 2Df. (City, streat, office bldg., etc.)	CONDITION GIVEN IN I of item 18.) y or town)	(County) (State) PERFORMED? YES NO
3	DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attents aw the deceased alive on	INJURY OCCURRED 2De. PLA facing with the deceased from and that	OT RELATED TO THE TERMINAL DISEASE O. (Enter natura of injury in Part I or Part I OCE OF INJURY (Homa, ferm, 2Df. (City, orry, streat, offica bldg., etc.) The death occurred at 2.2.4. (From ATTENDING MED.	condition given in I of item 18.) y or lown) 3/5/42 n the causes and	(County) (State) (County) (State) 7 19, that (I) (we) last on the date stated above 22b. DATE
	DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COID OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Dey, Year Hour a.m. p.m. 19 el wo 21. I certify that (I) (this hospital) attents saw the deceased alive on	INJURY OCCURRED 2De. PLA facing with the deceased from and that	CE OF INJURY (Home, ferm, 2Df. (City, street, office bldg., etc.) ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	condition given in I of item 18.) y or town) 3/5/42 the causes and STAFF PHYS.	(County) (State) (County) (State) 719, that (I) (we) last on the date stated above 22b. DATE SIGNET
	DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), steling the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI 20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 19 21. I certify that (I) (this hospital) attents aw the deceased alive on	INJURY OCCURRED 2De. PLA facing the many street of the deceased from and that	CE OF INJURY (Home, ferm, 2Df. (City, street, office bldg., etc.) death occured at, Mr. from ATTENDING MED. PHYS.	condition given in I of item 18.) y or town) 3/5/42 the causes and STAFF PHYS.	(County) (State) (County) (State) 7 19, that (I) (we) last on the date stated above 22b. DATE
	DUE TO Conditions, if eny, which gave rise to immediate ceuse (a), steting the underlying DUE TO ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS COI 2Da. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year While two 21. I certify that (I) (this hospital) attents aw the deceased alive on	INJURY OCCURRED 2De. PLA facing the many street of the deceased from and that	CE OF INJURY (Home, ferm, 2Df. (City, street, office bldg., etc.) ATTENDING MED. PHYS. DIRECTOR 22d. ADDRESS	condition given in of item 18.) y or town) 3/5/42 n the causes and STAFF PHYS. ATION (City, town or the cause)	(County) (State) (County) (State) (County) (State) (State) (State)

46.535.63 25359 Haines Marine Anthun THE REPORT OF THE PARTY OF THE Carolian Failconer - I Maga arteriarlantic laste - Hawler Present France 3/1/2 3/1/2 3/4/5 M. E. Rahation The Production of the season of the IN THE SELLE THOSE HELD MELLENGER IN THE SELLENGER IN

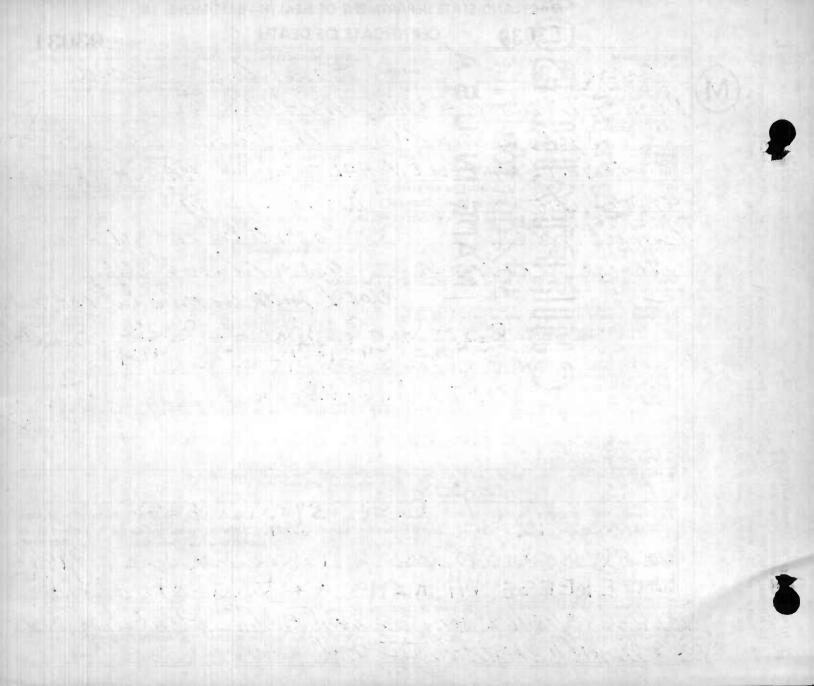
W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. 03037 2. USUAL RESIDENCE (Where decessed lived, If Institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL, and give nearest town) Kesville IS RESIDENCE ON A FARM? YES NO 4. DATE DECEASED OF DEATH (Type or print) 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR BACE 7. MARRIED NEVER MARRIED last birthday) Months WIDOWED 1Da. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Tree Surgeon 13. FATHER'S NAME (Yes, no, or unkown) | (Ifyes give wer or detes of service 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: veans IMMEDIATE CAUSE (0) DUE TO Conditions, if eny, gave rise to immediate cause (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION PERFORMED? 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH MEDICAL (Stete) 20c. TIME OF INJURY 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm,) 201. (City or town) (County) Month, Dey, Year fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 23 1962 to 3 - 8 - , 1962 that (I) (we) last saw the deceased alive on 3 - 8 - 1962, and that death occurred at 7.P.M, from the causes and on the date stated above. 22b. DATE 22e. SIGNATURE SIGNED ATTENDING = Jnon DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION, 23b. OI REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 (4) EMINERAL DIRECTOR'S SIGNATURE

DEN 17 近八日本日本 Philipped and the sales MARKET INCHES TO STORY OF THE SERVER SERVERS CALL TO THE THE PARTY OF THE PA ALM MINE THE MODELLING THE PARTY OF THE PROPERTY OF THE PARTY OF THE P Company of the Company of the Transfer By Hay Lucie Sics Harten's 12

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03038 **CERTIFICATE OF DEATH** with director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND funeral c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town) Ъ d. NAME OF HOSPITAL (If not in hospitol, give street address)
OR INSTITUTION shaul e. IS RESIDENCE the d. STREET ADDRESS ON A FARM? 72 YES NO 14 2 NAME OF First 4. DATE Middle Last Month Day Year DECEASED DEATH (Type or print) 1962 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH campletely Months Doys Hours WIDOWED A DIVORCED [Mo. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State of 12. CITIZEN OF WHAT COUNTRY? carban pape after death. during most of working life, even if retired) and amedia 13. FATHER'S NAME physician mave Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO INFORMANT 215-32 attending 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY MMEDIATE CAUSE (o) the permit. any Conditions, if any, which has been signed gave rise to immediate **DUE TO** couse (a), stating the underand lying couse lost. attending physician. burial-transit PART II. OF HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES NO T 20a, ACCIDENT WAS UNDERLYING IT 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while at work ot work p. m Mrs 28 1962 that I last saw the deceased 21. I certify that I attended the deceased fram and that death accurred at 407 A.M., from the causes and an the date stated above. alive an TO FUNERAL DIRECTOR: DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL priar retained SIGNATURE 3 shauld PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION, 22c. NAME OF GEMETERY OR CREMATORY 22d: LOCATION (City, town, or county) (Stote) page REMOVAL (Specify) 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR VS A15 (4) Conting & Trave '62 DATE 15M 9/5B



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist No.3032 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY A MARYLAND funeral c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside carporate limits, write c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) e RURAL and give nearest town) 2 year 2 mg shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? by 1 YES NO P NAME OF Middle DATE Day Year DECEASED OF DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED and campletely ban papers. Pag that the death certificate be executed with last birthday) Months Days DIVORCED [WIDOWED A USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY doring most of working life, even if refired) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death carban after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician mave haurs 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANI attending INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ā ONSEL AND DE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO any permit. Conditions, if ony, which signed gove rise to immediate DUE TO cause (a), stating the underar attending physician. and lying couse last CATION PART II. OTHER SIGNIFICANT CONDITIONS CONDEBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) Day, Year (County) (State) factory, street, affice bldg., etc.) While Nat while at wark ot work 21. I certify that I attended the deceased from and that death occurred at 12,45 M, from the causes and on the date stated above. TO FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) ACTUAL priar retained shauld NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR-CREMATORY 22d. LOCATION (City, town, or county) (State) page REMOVAL (Specify) 246. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY BEGISTRAR VS A15 (4) 15M 9/58

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BYLAND STATE DEPARTMENT OF HEALTH STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where dacassed lived, If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 mos. 9 days TIMORE a. IS RESIDENCE ON A FARM? YES NO I NAME OF DECEASED (Typa or print) ZABETH DEATH and col withi IF UNDER 24 HRS 5. SEX 9. AGE (In years IF UNDER 1 YEAR RACE 7. MARRIED NEVER MARRIED last birthday) Months Hours 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? State, or foreign country) done during most of working life, even if retirad) HOUSEWIFE MARYLAND 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMAN' (Yas, no, or unkown) | (If yas give war or dates of sarvica) BEdsworth -301E 18. CAUSE OF DEATH [Entar only one cause per lina for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: KONCHO PNEUMONIA 2 weeks IMMEDIATE CAUSE (a) GENERALIZED ARTELIOSCLEROSIS Conditions, if any, which gava rise to immadiata causa (a), stating the undarlying DUE TO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY PERFORMED? NO TE 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) Month, Day, Year factory, straat, office bldg., atc.) While Not While Hour a.m. at work at work CIOR: 1962 to Mar 24 , 1962, that (1) (we) last 21. I certify that (this hospital) attended the deceased from JAN.19.62, and that death occurred at I.A.M, from the causes and on the date stated above. 22b. DATE SMATURE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S ADDRESS NAME (Type) 23d. LOCATION (City, town or county) NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, | 23b. O F S REMOVAL (Spacify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 24 FUNERAL DIRECTOR'S SIGNATURE 15M 7/61

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Baltimore Co.V Carroll MARYLAND arvland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest town) 1 mo./22 das. .= = Glyndon Svkesville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital YES NO X Worthington Ave. 3. NAME OF 4. DATE Middle DECEASED (Type or print) HOSE DEATH 1962 Florence 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Female WIDOWED IX DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A .- Natural. Treland Housekeeper 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph James Maria 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 1 17. INFORMANT (Yes, no, or unkown) | (If yes give we ror detes of service) Springfield State Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c), INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: Arteriosclerotic heart disease IMMEDIATE CAUSE (a) vears DUE TO Conditions, if eny, which Generalized arteriosclerosis plus diabetes vears gave rise to immediate couse DUE TO (e), steting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CBS assoc. with cerebral arteriosclerosis, withpsychotic reaction. NO X 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, ferm, ! 20f. (City or town) (County) (Stete) Month, Day, Yeer factory, street, office bldg., etc.) While Not While et work et work p.m. from the causes and on the date stated above. saw the deceased alive on...... 22e. SIGNATUR ATTENDING PHYS. DIRECTOR PHYS. 22. PHYSICIAN'S NAME (Type) 22d. ADDRESS Agustin del Campo M.D. Sykewville, Maryland 23d, LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOVAL (Specify) 0:5 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Cirthur & Krous

RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

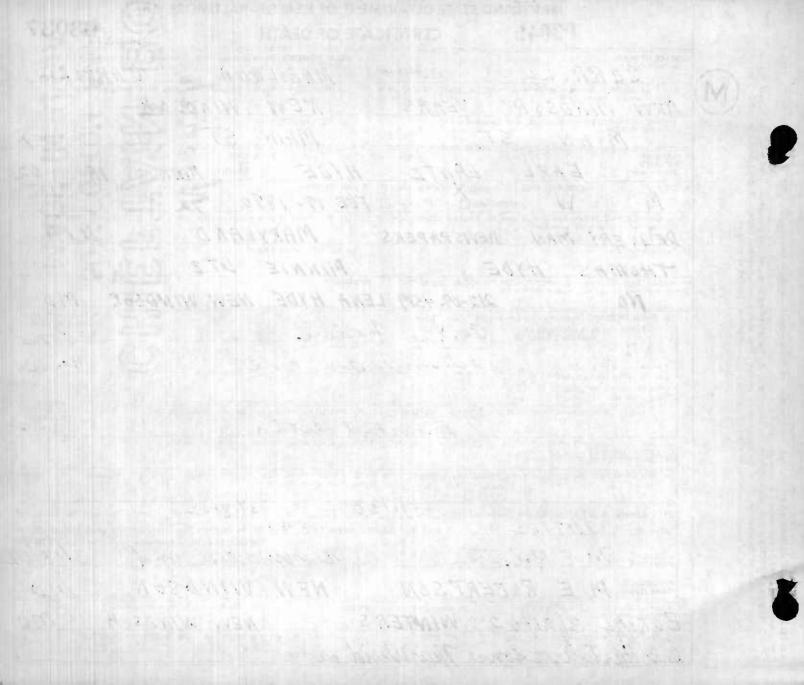
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TO H OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hz? er death. Page 4	may retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled to be funeral director,	page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with	the State Board of Health prior to burial, cremation, ar removal, and in any event, within 72 haurs after death.	N
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VR A1S (4) 15M 9/59

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	Carroll										V	our	
Ь.	CITY OR TOWN (RURAL and give n	(If outside corporate limi	its, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOW	VN (If au	utside carpa	irate limits, writ	e RURAL	and give near	rest town	1)
	Sykesv:			lyr. 10mo	.22d	y. S	ilv	er S	pring		13	530	12
d.	OR INSTITUTION	TAL (If nat in hospital, g				d. STREET ADDI					•	ON A	FARM?
	Spring	field Star	te H	ospital		024 St	erl	ing .	Road			YES	NO 🔀
DE	AME OF CEASED (pe or print)	Ang	elin	Middle		Howard		4. DATE OF DEATH	2.0	rch	Day 18		Yeor
5. SE)				RIED NEVER MARRIED		TE OF BIRTH			9. AGE (In yes		NDER I YEAR		
			WIDOW			-11-66			last birthda	y) Mor		Hours	Min.
	'emale	White							/ /		CITIZENIOS	AZLIATO	CLINITRYO
d. d	during most of wor	rking life, even if retired	dane 10b.	. KIND OF BUSINESS OR IN	NDUSIRY				auntry)		2. CITIZEN OF Unite		
2 EA	Houses THER'S NAME	Wlie			114	New				1	OHIT	eu L	, La Ce
J. FA	THEK S NAME				14	. MOTHER'S MA		AME					
(yrines	Johnson				Unkn	own						
5. W	AS DECEASED EVE	ER IN U. S. ARMED FOR (If yes, give war or dotes of s	ervicel		7. INFOR	MANT			1	Address			
	NO unknown)	(11 yes, give well of colles of s	N	one	Spri	ngfield	Sta	ate Ho	osp. Red	cords	3		
11	B. CAUSE OF DE	ATH Enter only one co	use per li	ine far (a), (b), and (c).]							-	RVAL BE	TWEEN
					to mad							ET AND	
	D 1 1	ATH WAS CAUSED BY:)_ (8	rdiac Fail	ure	*						Mon	ths.
100	-> 0 6	DUE TO											
	Conditions, if o		CBS	circulato	ry o	listur	panc	e wi	th psy	rcho	tic		
	gave rise to i		1.69	ction.									
	lying couse lost.		-1										
z F	PART II. OT		-	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO TH	ETERMIN	NAL DISEAS	E CONDITION	GIVEN IN	V PART 1(o) 19	. WAS	AUTOPSY
Ĕ											18.0	PERFC	RMED?
5	CBS as	ssoc. With		alatory distr								152 [NOBI
	OR CONTRIBUTING	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	SCRIBE HOW INJURY OCCU	JKKED. (En	iter nature of in	lory in P	orr I or For	TII OT ITEM 18.)				
MEDICAL	Oc. TIME OF INJU	RY Manth, Day, Ye	or 20d. I	NJURY OCCURRED 20e	PLACE (OF INJURY (Hom	ne, farm,	20f. (City	ar lawn)	- 1	(Caunty)		(State)
E E	Haur a.m.	19	While		foctory,	street, office blo	dg., etc.)					
٤ -	p. m.		of wo	rk at work			/ - /	40	2 20		10		
2	1. I certify the	at (I) (this haspital	l) attend	ded the deceased fro		4-24-	609	OU, to	M 3 - 18		1,62, the) (I) te	we) last
s	aw the decea	ised alive an31	/18	19 62, and the	at death	accurred a	4 4 5 3	M, from	the causes	and a	n the date	stated	abave.
2	2a. SIGNATURE	. 1	1	, (- 41		22	b.DATE
	na	0, 10 6	Zu	uturso)	M.D.	ATTENDING PHYS.	7 ME	D.	STAFF PHYS. 1		3/	18/85	SIGNED
2	2c. PHYSICIAN'S		11	- Company	1	22d. ADDRESS				300		701	- Eus
	NAME (Type)	Naci N. I	Buyuk	unsal, M.D.	/	Sykes	vill	le, Ma	aryland				
23g F	RIJRIAL CPEMATIC	ON, 23b, DATE THEREC)F	23c. NAME OF CEMETER	PY OP CDI				TION (City, tow	(D. Of CO.	unty)	(Stat	a)
	REMOVAL (Specify											(Sidi	0)
		0,20,00		Woodlawn Ce					ork Cit			_	
24 S	NERAL PIRECIPI	er l'uneral	Home.	-1331 E. Mont	tg. A	ve. 25		BY REGIS			R'S SIGNATUR		
	Rockvil	le, Marylan	ld		3.	D/	ATE MA	IR 21'	62	arthu	1 S. Than	(A	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03039

V	1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where		ution: Residence before edmission)
Ŋ	Carroll	MARYLAND	o. STATE Maryland	b. COUNTY	Dalta Cita
	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co	orporate limits, write RUF	RAL and give neerest lown)
	Sykesville	3mos. 6 days	Baltimore 1	3	3101-4
	d. NAME OF HOSPITAL OR INSTITUTION (if not in		d. STREET ADDRESS		. IS RESIDENCE
	Springfield State Hos		1906 E. Fede		YES NO
	3. NAME OF First DECEASED	Middle	Last 4. DAT	E Month	Dey Yeer
	(Type or print) John	Henry	Klerlein DEA	тн March	5, 19 62
	5. SEX 6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED 8	. DATE OF BIRTH	9. AGE (fn years IF U	NDER 1 YEAR IF UNDER 24 HRS.
1	Male White WIDO	OWED A DIVORCED	February 17, 1875	last birthday) Moi	nths Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State,	or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	done during most of working life, even if retired) Clerical work.	-	Maryland		U.S.A.
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
1	Gustav A. Klerlein		Amelia E. Wac	k	
1	15. WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT	Address	
j	(Yes, no, or unkown) (Ifyesgivewerordelesofservice) →	072 05-3082 5	pringfield Hospit	al Records.	
	18. CAUSE OF DEATH [Enter only one cause p	per line for (e), (b), end (c).]			INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: MU	ltiple embolism			Days.
	DUE TO				Tays.
II.	Conditions, if eny, which) (b) Ar	teriosclerotic c	erdiovascular dis	0000	Years.
	geve rise to immediate ceuse	00120001010010	caratovascurar ars	case.	rears.
	(e), steting the underlying DUE TO				Cur Total III and Call
7	cause last. (c)	CONTRIBUTING TO BEATH BUT NO	NA DEL AND TO THE ADMINISTRAL DISEASE	COLIDITION ON THE	LINE WAS ALITORSY
	PART I OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	c.dist., without	qualifying phrase	•	PERFORMED? YES NO T
	20e. ACCIDENT WAS UNDERLYING 20b. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURED	e. (Enter neture of injury in Pert I or Per	t 11 of item 18.)	
d	3 20c. TIME OF INJURY Month, Dey, Yeer 20	Od. INJURY OCCURRED 200, PLA	CE OF INJURY (Home, farm, 1 20f. (City or town)	(County) (Stete)
	Hour e.m.		ory, street, office bldg., etc.)		(444,000)
	21. I certify that (I) (this hospital) at	tended the deceased from	11/29/61 19	0. 3/5/62	. 19 that (I) (we) last
			death occured a3:15PMr		
	22e. SIGNATURE	1	dean occurs out.n.mg/n/-41	JIII 1110 EGG303 G110	22b. DATE
	Danen /	m some 2 m	ATTENDING MED. PHYS. DIRECTOR	THYS.	3/5/62
	22c. PHYSICIAN'S NAME (Type) Adnan Sonm	ez. M.D.	Springfield Ho	snital.Svke	sville. Md.
	23a. BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	-0	CATION (City, town or	county) (State)
	19URIA 3/8/62	1111-0118	et Cem. 19	The ITT	RAR'S SIGNATURE
	24 FUNDERAL DIRECTOR'S SIGNATURE	ADDRESS	01		
	x puck and 3:	305 HARFORd	/CO , DATMAR 1 'C	is I circlism	S. Kruss

E (197.13 Note that the state of the stat King the Base HARTERS Nich with the

			DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
# GD			03048 CERTIFICATE OF DEATH	03040
afte uner uner luner	7		PLACE OF DEATH a. COUNTY COU	Residence before edmission)
be to	VI)		CARROLL MARYLAND MARYLAND C	ARROLL.
t he dand			b. CITY OR TOWN (if outside corporate limits, write RURAL en give neerest town)	nd give neerest town)
d in I feer feer	000	_	WEST MINSTER 2 DAYS X WEST MINSTER	
Page Irs a	68		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ARROLL CO. CEN. HOSP. ROLLE #7	o. IS RESIDENCE ON A FARM?
ery i			NAME OF First Middle Last 4. DATE Month	Dey Yeer
poler 72			DECEASED MARGARET JANE KNATZ OF MARCH	24 / 2
con con ithin		5.	SEX 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF UNDER	20 1962 1 YEAR IF UNDER 24 HRS.
and carb		F	FEMALE WHITE WIDOWED DIVORCED Aug. 22, 1903 Last birthdey) Months	Deys Hours Min.
ifical ician ici ici ici ici ici ici ici ici ici ic		10a do	ne during most of working life, even if retired	TIZEN OF WHAT COUNTRY?
ohys rem any		12	HOUSEWIFE BALT. CO. MARYLAND	U,S,A,
ing please	T	13.	William T, Fishpaw Margaret Jamis	on
e de	4	15.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT.	INCRAND)
e at The		(10	NOWE JOHMESTMINCTER W	DRUIDIND
s this ian. y th mit. rem			18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).]	INTERVAL BETWEEN ONSET AND DEATH
ysici ysici ed b per per		1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DEREBRAL VASCULAR THRO.	MBSSIS
red sign ansit			TT TO NUCCONTRACTOR CARDINA CARDINA	1 10111111
law iding sen sen al-tra			conditions, if ony, which to the course to t	S. IUYEAR
The attents be buriged buring al, cl			(e), steting the underlying DUE TO	DI INVERD
or or e he he he he he he he he		z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAR	TI 1(0) 1 19. WAS AUTOPSY
CIA poital fical fical fical	0	CATION		PERFORMED?
PSI hosp certi use use		TIFIC	20e. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Pert II of item 18.)	113 [] 110 []
the this I for		CERTIFIC	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
NG by by Checker Head		CAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Co	unty) (Stete)
MDI ined ined deta		MEDI	P.m. 19 et work et work	The seal of
be be be			21. I certify that (I) (this hospital) attended the deceased from MARCH 1953 to MAKCH 20, 19	6.2, that (1) (we) last
A be be ould			saw the deceased alive on MARCH 20 19 62, and that death occured at 5.7 M, from the causes and on	the date stated above.
OR may DIR 3 sho St			220. SIGNATOR ATTENDING MED. STAFF DIRECTOR DIRE	22b. DATE SIGNED
IAL AND THE			22c. PHYSICIAN'S 22d. ADDRESS	3-20-61
NEH A	1		NAME TO ANIEL I. WELLIVER WESTMINSTER M	ARYLAND
FU FU		238	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or coun	
\$ 5 0 5 B		_	Buria 3/23/62 Evergreen Memorial Garden Finksbui	ry Md.
VR A15 (4) 15M 9/60	Q	24	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	
10/11 7/00	PM.	_	Henry James Edhardt Owings Wills Md. DATE MAR 22'62 aring	a. France

MARYLAND STATE DEPARTMENT OF HEALTH

1 6 WEST MINSTER 2 DAYS WEST WINSEED MARGARET JANE KNATZ MARCH 20 W2 FEMALE WRITE HOUSE WIFE BASE COL MARKAND LEAD NO NO THE PROPERTY AND THE PROPERTY OF THE PRO REERRAL VASCULAR THROUGH HYPERTENSIVE CARPIDOUSCIAN INS JUNEARS ARTERIOSCUEROTIC CARDIOLASCULAD DE 12/4 MAC MARCHES LE MARCH SYST FARCHIO VEL DANIEL I. WELLIVER WESTMINISTER MELLINER Honey Journa williast County shirts hid . with

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH HFALTH DEPT 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) ral director. Page I for your files. Board of Health, . COUNTY b. COUNTY Carroll Carroll MARYLAND Marvland b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL end give nearest town) write RURAL and give nearest town) Linwood Rural Linwood I month Rural d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? buld be executed within 24 hours after death. If an in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Office along with form PM3. Page 5 may be retained to ourial-transit permit. File pages 1 and 2 with the State Booval, and In any event, within 72, hours after death. Residence YES NO 3. NAME OF Middle Lasl 4. DATE Month Day DECEASED OF (Type or print) DEATH JAMES LEE LEDFORD March 19 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR 5. SEX IF UNDER 24 HRS. last birthday) Months Deys Hours male WIDOWED DIVORCED Dec. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 1 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) laborer farm Frederick County, Md 13. FATHER'S NAME Oscar G. Ledford Alitha Walker the word "pending" in pencil 1st seen.

Medical Examiner's Office along with form

Medical Examiner's Ourial-transit permit. File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgive werer detes of service) Mrs. Phyllis N. Ledford, Linwood, Md. 214-28-2437 Yes 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary and laryngeal edema IMMEDIATE CAUSE (e) DUE TO MEDICAL EXAMINER: This certificate should Conditions, if any, which (b) gave rise to immediate cause DUF TO (e), steting the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)] 19. WAS AUTOPSY CERTIFICATION PERFORMED? ease execute the certificate, writing the word should be forwarded to the Chief Medical E FUNERAL DIRECTOR: Page 3 should be YES TO NO Aspiration of gastric contents 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. Page 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, Month, Day, Year 20f. (City or town) (State) tectory, street, office bldg., etc.) 0 While Not While Hour e.m. et work et work prior 21. I certify that I took charge of the remains described above, held an Autopsy Xx Inspection Inquiry and in my opinion Suicide Undetermined manner Natural causes Homicide death resulted from Accident CHIEF MEDICAL EXAMINER designated ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE March 24. 1962 DEPUTY MEDICAL EXAMINER Rudiger Breitenecker, M.D. NAME (Type) Address (Street, city, town, or county) 220, BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) 240 9 Mar.62 Penna. Carson Valley Cem. Duncansville FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE ADDRESS VS. A15ME Maryland DATE MAR 2 8 '62 5M 9/60

EVLAND STATE DEPARTMENT OF HEALTH

Selfer ANDLES white it is a little to the standard of the st

RYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. CERTIFICATE OF DEATH 03050 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased livad, If institution, Residence bafora admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) þ write RURAL and give neerest town) filled in Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give areat address) d. STREET ADDRESS completely 3. NAME OF First 4. DATE Middle Last Month DECEASED OF (Typa or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR B. DATE OF BIRTH last birthday) and Months WIDOWED DIVORCED 10a. USUAL OCCUPATION (Giva kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE done during most of working life, evan if ratired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME à WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes giva war or dates of servica) ng physician. 18. CAUSE OF DEATH [Enter only ona cause par lina for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava risa to immediete causa DUE TO (a), stating tha underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT DISEASE CONDITION GIVEN IN PART 1(a) | 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Entar natura of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20a, PLACE OF INJURY (Home, farm, 1 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) Whila Not While Hour a.m. at work at work p.m. and that death occured at 2.94M, from the causes and on the date stated above. saw the deceased alive on. .! 22a. SIGNATURE ATTENDING MED STAFF PHYS. DIRECTOR PHYS. M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR GREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 0 256. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REQUITRAR

e. IS RESIDENCE

Yeer

IF UNDER 24 HRS

Hours

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO

> > (Stata)

22b. DATE

(Stata)

SIGNED

12. CITIZEN OF WHAT COUNTRY

Dev

Days

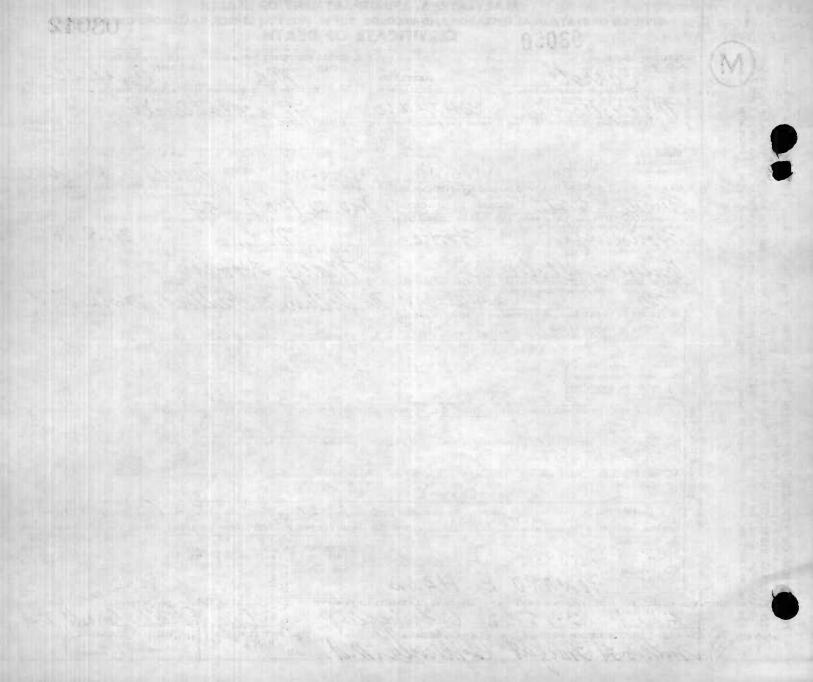
(County)

arthur & Trous

DATE

ON A FARM? YES NO

VR A1S (4) 15M 7/61



	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIM CERTIFICATE OF DEATH	ORE 1, MARYLAND
7	1. PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If	
A)	6. SIAIE B. COUN	Saltimore City
1	h CITY OR TOWN life outside compared limits La LENCTH OF STAY AND SE.	
	write RURAL and give nearest town) Sykesville LVT 34mo4dvs Baltimore 31	2111-4
5	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS	a. IS RESIDEN
		ON A FAR
	Springfield State Hospital 324 S. Dallas Court Name of First Middle Lest 4. DATE Month	YES NO
	DECEASED (Type or print) DEFRUIT	
	Margaret Sauers Leinkuhler March	
	nasi Dirinday)	Months Deys Hours Mil
	Female White WIDOWED DIVORCED January 7, 1909 53 yrs.	
	10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stete, or toreign country)	12. CITIZEN OF WHAT COUN
	Housewife - Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	U.S.A.
1		
11	Henry Sauers Elizabeth Farber	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
	(Yes, no, or unkown) (Hyesgivewerordelesofservice) - Springfield Hospital Record	S
	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (*) Bronchopneumonia	ONSET AND DEATH
,	4-07 X DUE TO	Days
	Constituting of the constitution of the consti	
	geve rise to immediate cause	
	(e), steting the underlying DUE TO	
		The bull of the state of the st
01		PERFORME
	Psychotic depressive reaction.	YES NO
	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) factory, street, office bldg., etc.)	(County) (Slete
	p.m. 19 at work et work	
	21. I certify that (I) (this hospital) attended the deceased from 11-1-, 19.60 to 3-	5 1962, that (I) (we)
	saw the deceased alive on	
	22e. SIGNATURE	22b. DA
	Clausen all Campo, M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. X	3-5-
1	2%. PHYSICIAN'S 22d. ADDRESS	
1	M.D. Springfield State Hospi	tal. Sykesville.
	230. BURIM, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, toy	
	REMOVAL (Specify) 3/9/10 Pair Paril Cam Ray	
	24 FUNARAL DIRECTOR'S EIGNATURE RODRESS 250. REC'D BY REGISTRAR 25b. REC	
8	- 1 0 6'62 C	What S. Krous
	Martley Willen do 327 July 1856 2. DATE	WORKER TO TRANSPORT

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03052 CERTIFICATE OF DEATH funeral M 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara deceased lived, If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY by the and 2 death. Carroll MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give neerest town) filled in Pages 1 Tanevtown Tanevtown hours after 10 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO 10 Frederick Street 10 Frederick Street papers. 3. NAME OF Middle 4. DATE DECEASED OF (Type or print) DEATH William 182 Sullivan Leitz March within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR 5. SEX 8. DATE OF BIRTH IF UNDER 24 HRS. lest birthdey) Months Hours WIDOWED Male DIVORCED October 10a. USUAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Retail Merchant Confectionery Store Baltimore, Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME e attending pl Then please William Leitz Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyas givewar or datas of sarvice) remova W. Edgevale Road Mr. Louis No 212-09-5961

18. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), and (c).] INTERVAL BETWEEN chronic my reardite ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) burial-transit DUE TO geve rise to immediate couse DUE TO (e), steting the underlying the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY TION PERFORMED? NO 1 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 20f.' (City or town) (County) (State) factory, streat, office bldg., etc.) Hour e.m. While Not While et work et work 21. I certify that (I) (this hospital) attended the deceased from.... 22b. DATE 22e. SIGNATURE SIGNED ATTENDING DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S pag NAME (Type) Union Bridge. Maryland 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stata) REMOVAL (Specify) E. North Ave & Rose St. Balto . Md. OH March 8. 1962 Baltimore Cemetery Burial 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Chiny S. Krayes 15M 9/60 Tanevtown, Maryland DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03053 CERTIFICATE OF DEATH Reg. Dist. NO3045 rector) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town shauld the d. NAME OF HOSPITAL (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 2 A YES NO and 9 3. NAME OF DECEASED Middle 4. DATE Month Day Year filled OF DEATH GEORGE LEWERT Pages (Type or print) 1962 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 5. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. completely last birthday) Manths Days Hours DIVORCED [7] WIDOWED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) PARTS and carbon ofter 13. FATHER'S NAME physician LEWELT LUVIS SCHLENTZ haurs remave 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT 72 offending ease within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED 8Y:
IMMEDIATE CAUSE (a) ABDOMIN the DUE TO à ARTERIOSLIEROTIC CARDILVASCULAR DIS permit. any Candilians, if any, which hos been signed gave rise to immediate DUE TO cause (a), stating the underand lying cause last. buriol-transit CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) this certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, Day, Year 20d. INJURY OCCURRED 20f. (City or tawn) (County) (State) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at wark by the haspital p. m. 21. I certify that I attended the deceased fram. 1962, that I last saw the deceased and that death occurred at 10 5 M, from the causes and on the date stated above. TO FUNERAL DIRECTOR: ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL lained shauld PHYSICIAN'S NAME (Type) the registrar 3 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lawn, or county) (State) poge FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR MAR 1 billing S. Maria VS A15 (4) 1SM 9/58

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AND STATE DEPARTMENT OF HEALTH RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe and give neorest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 4. DATE 3. NAME OF Middle Month DECEASED OF DEATH ages (Type or print) 9. AGE (In years last birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months Doys DIVORCED | WIDOWED I USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME S 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. CAUSE OF DEATH | Enter only one couse per line for (o), (b), and ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which (b) gove rise to immediate DUF TO couse (o), stoting the underlying cause last ğ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) factory, street, office bldg., etc.) Hour o. m. While Not while at work at work p. m. 21. I certify that (I) (this haspital) attended the deceased fram___ 6AM, fram the causes and an the date stated above. 6. 6 and that death accurred at saw the deceased alive an 22o. SIGNATURE ATTENDING PHYS. DIRECT M.D. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) FUNERAL State 3 BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY CATION (City, town, or county) page the St

0 1SM 9/59

DIRECTOR'S SIGNATURE

MAR 2 1

25a. REC'D BY REGISTRAR

arthur S. Frans

25b. REGISTRAR'S SIGNATURE

e. IS RESIDENCE ON A FARM? YES NO NO

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

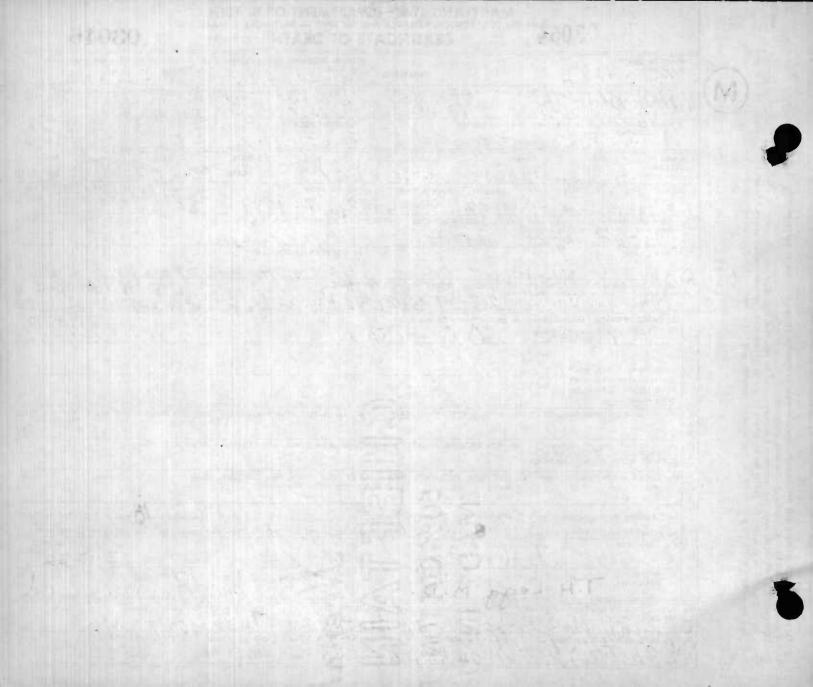
PERFORMED? YES NO

(Stote)

22b. DATE

(Stote)

SIGNED



funeral by the and 2 and compretely filled in by carbon papers. Pages 1 and it, within 72 hours after dea

24 hours after

The law requires that the death certificate be

PHYSICIAN:

ATTENDING

OR PITAL

MARYLAN STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH CERTIFICATE OF DEATH

								OVI	
1. PLACE OF DEATH	Н			2. USUAL RESIDE	NCE (Where			sidence bef	ore edmission
C:	o. STATE Maryland b. COUNTY Baltimore								
b. CITY OR TOWN (if outside corporete limits,		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside co	rporete limits, writ	e RURAL end	give neeres	l lown)
RuralSyke	Baltimore	e 29,		0	31	2			
	TAL OR INSTITUTION (if	not in hos	pitel, give street eddress)	d. STREET ADDRES					IS RESIDENCE
Springfield	State Hospi	tal		4302 Alan	n Drive			YES	
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Mont	h	Dey	Yeer
(Type or print)		mie	Hester	Mansfield	DEAT	н 3		16	19 62
5. SEX	6. COLOR OR RACE	. MARRIE	D NEVER MARRIED 8	. DATE OF BIRTH		9. AGE (In years last birthday)			NDER 24 HRS.
female	white	WIDOWE		7/28/91		70 yrs.	Months D	ays Hou	rs Min.
10a. USUAL OCCUPAT	ION (Give kind of work	10b. K	IND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (Co	unty & State, o	or foreign country	12. CITIZ	EN OF WH	AT COUNTRY
housewife	ramy me, even it reffred			Te	exas			USA	
13. FATHER'S NAME				14. MOTHER'S MAIDE	N NAME				7
John Clay	ton			Annie	Owens?				
	ER IN U.S. ARMED FORCE		SOCIAL SECURITY NO. 17. 1			Addres	\$		
(res, no, or unkown) (I	it yes give wet or dates of set		unknown Spr	ingfield Hos	spital	records	- Syke	sville	. Md.
18. CAUSE OF I	EATH Enter only one	ause per l				200200	0,100	INTERVA	BETWEEN
	H WAS CAUSED BY:	Con	gestive heart	failure				day	ND DEATH
1-73	DUE TO	- 011	5400210 220020					way	
Conditions, if eny	* 4 /	Art	eriosclerotic	cardi ovascu	lar dis	ease		vear	rs
gave rise to immed	iete ceuse				TOTAL CITIES	Out Jo		.,, 000.	
(e), steting the u	inderlying DOE 10	Sev	ere decubitus	llcerg				mon	the
	R SIGNIFICANT CONDITI		TRIBUTING TO DEATH BUT NO		MINAL DISEASI	CONDITION GI	VEN IN PART 1		
Chronic l			ssociated with			rbance w	ith	YES T	ERFORMED?
Cerebral			s with psychot:			II of ilem 18.1		1152	_ 140 M
OR CONTRIBUTING	CAUSE OF DEATH		The state of the s	, , , , , , , , , , , , , , , , , , , ,					
		20d	INJURY OCCURRED 20e, PLA	CE OF INJURY (Home, fa	arm. ' 20f. (Ci	ity or town)	(Count	(v)	(Stete)
Hour e.m.		While	Not While fect	ory, street, office bldg., e	etc.)		, 55	1-11-1	(3.2.5)
- Print	19	et wor		3/15	1060	2/16	206	2	7F () :
	2	1) attend	ded the deceased from	2/.±2	5.15 AM	3/16	, 199.	6., that ((we) la
	sed alive on	1	1962 , and that	death occured at		m the causes	and on th	e date si	22b. DATE
22e. SIGNATURE	, 6/	0	1	ATTENDING	MED.	STAFF		2/-	16/62
22c. PHYSICIAN'S	1 11	14	monne	PHYS	DIRECTOR	PHYS. 1	oto U)/-	10/02
NAME (Type)	Naci N. Bu	vuku	nsal, M. D.	220. 7.001.00	-	field St		sprea-	-
222 RUDIAL CREMATI	ION, 23b., DATE, THERE			OR CREMATORY		ille, Ma			(Stete)
REMOVALUE TELY		0,	Meadow Ridge	OK CREMATORT	Ho	ward Co.	, Md.		(31010)
24 FUNERAL DIRECTOR	O'S SIGNATURE		ADDRESS	25a D	REC'D BY REGI	STRAP 256 PF	GISTRAR'S SI	GNATIRE	
Howard H.	Hubbard, 4107	Wil:	kens Ave.		MAD 1 a	100	arthur S		
				DATE	CONTRACT IN	V6-	LUWING &	, / GARAGE	

deant. Agge 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ar director, page 3 should be detached for use as the burial-transit permit. Then please remove cabe filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, Ö VR A15 (4) 1SM 7/61

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03056 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside tornorete liveite c. LENGTH OF STAY IN 1b IS RESIDENCE ON A FARM? YES NO 3. NAME OF 4. DATE Day Month DECEASED OF (Type or print) DEATH = 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS DATE OF BIRTH lest birthdey) Months Hours DIVORCED USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY & Stete, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) 13. FATHER'S NAME SOCIAL SECURITY NO. 17. INFORMA (Yes, no, or unkown) | (Ifyes give we ror detes of service) NO 1B. CAUSE OF DEATH [Enter only ona ceuse per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) geve rise to immadieta cause DUE TO (a), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY PERFORMED? NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work , to many 19. saw the deceased alive on manch 22a. SIGNATURE 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. M.D. 22d. ADDRESS 22c. PHYSICIAN'S 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Stete) 23a. BURIAL, CREMATION. | 23b. 25. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATU VR A15 (4) arthur S. Trans 15M 9/60

ARYLAND STATE DEPARTMENT OF HEALTH

3311 THE REPORT OF THE PARTY OF THE The state of the state of the

FOR STATE		03057 MEDICAL EXAMINER	S CERTIFICATE OF DEATH	03049
HEALTH DEPT	N	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, if institution, Re	sidence belore edmission)
>9 4 M	1	a. COUNTY Carroll MARYLAND	a. STATE Manual b. COUNTY	13
files.	1			arroll
of H		write RURAL and give neerest town)	c. CITY OR TOWN (If oulside corporete limits, write RURAL end	give nearest town)
you d	11	RURAL Ty Taneytown 2 MONTHS	Taneytown	
y is par		d. NAME OF HOSPITAL OR INSTITUTION (il not in hospitel, give streel address)	d. STREET ADDRESS	ts RESIDENCE ON A FARM?
S O C O		DIEHL ROAD		YES NO
tur. State	, =	3. NAME OF First Middle	Last 4. DATE Month	Dey Year
the the		(Type or print) Nose Marie May	of DEATH March	2 1962
45 8 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED NEVER MARRIED		
dead dead			MADOU 10 19/10 Issi Dirinday Months D	eys Hours Min.
P E TO	1	F'emale White Widowed DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUST	TRY 11. BIRTHPLACE (State or loreign country) 12. CITIZ	The of Mark Court was
1, 2 ag 2, 2	1	done during most of working life, even if retired)	MADY ALL	EN OF WHAT COUNTRY?
Pa Pa	1		" ANTEAND	3,4.
A A 3. A		13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
Prop Prop Prop Prop Prop Prop Prop Prop		WALTER T. MAY	ANN CARBAUGH	
重りを正多			INFORMANT Address	
No de y	1	(Yes, no, or unkown) (Il yes give wer or detes of service)	ARYLAND STATE POLICE	
e vii ve	-	1 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN
in grant in a	-	PART I. DEATH WAS CAUSED BY: Subdured hemorph	nage, recent, traumatic	ONSET AND DEATH
alo alo	1.	936	rage, recent, traunation	
d b d is is		DUE TO	h	
i i i i i i			chages, multiple contusions and	
as s		(e), steting the underlying DUE TO	prasions of face	
or or	4	cause last. (c)		
"pe "xan van ion, ion, ion, ion, ion, ion, ion, ion		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	(e) 19. WAS AUTOPSY PERFORMED?
s ce ord ord be be)	5		YES PAC NO
This die	4	206. EXTERNAL CAUSE WAS 206. DESCRIBE HOW INJURY OCCURED.	(Enter nature of injury In Part I or Part II of item 18.)	
Sho Sho	4	20a. EXTERNAL CAUSE WAS PRIMARY RING CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURED.		
IN ing	1	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PL		ly) (Stele)
という から ()	6	A Hour e.m. While Not While	ctory, street, office bldg., etc.)	
i the X			At home (?) Taneytown Carr	
Tie to g		21. I certify that I took charge of the remains described above, h		and in my opinion
A TE PO TE		death resulted from: Natural causes . Accident . Sui	cide, Homicide, Undetermined manner	x
Par Se		Du T	CHIEF MEDICAL EXAMINER	
The Post		SIGNATURE Of Drey Christin	M.D. ASSISTANT MEDICAL EXAMINER	DATE SIGNED
Di se cont			DEPUTY MEDICAL EXAMINER March 3.	1062
Jessi A	ui,	NAME (Type) R. Breitenecker, M. D.	Address (Street, city, town, or county)	1702
boo st		228. BURIAL, CREMATION, 226. DATE THESE OF 22c. NAME OF CEMETERY C		(State)
0 2 4 0 9		BURIAL 3/3/62 MEADOW BK	PANCH CEN. WESTMINST	FR MA
HH	1	23. FUNERAL DIRECTOR ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG	SNATURE
VS. AISME		Las & Sallell postarios of	MAR 5 '62 willing X 70	Lastin
5M 9/60	0	Jemis N. raffelf, 100/110002	DAIE	

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARY OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) Item 2 Film 0308 1. PLACE OF DEATH a. COUNTY MARYLAND c. CITY OR TOWN (outside corporata limits, write RURAL and give nearest to b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) Upperco NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES NO 3. NAME OF Middle 4. DATE Month Day Year DECEASED OF (Type or print) DEATH 19 6 AGE (In years | IF UNDER 1 YEAR 5. SEX DATE OF BIRTH IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED DIVORCED physician 1Da. USUAL OCCUPATION (Giva kind of work 12, CITIZEN OF WHAT COUNTRY? 1Db, KIND OF BUSINESS OR INDUST (County & State, or foreign country) dona during most of working life, avea if ratired) attending phy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yas, no, or unkown) | (Ifyasgive war or datas of sarvice) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gava rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING TI 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) for OR CONTRIBUTING CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) Month, Day, Year factory, street, office bldg., atc.) Whila Not Whila Hour a.m. at work at work 19, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from 2...., and that death occured at: from the causes and on the date stated above. saw the deceased alive on 22b. DATE 22a, SIGNATURE ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) M.C.Porterfi director, be filed 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME, OF GEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) TO 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATUR VR A15 (4) 7. Thung & France 162 15M 9/60 DATE WAR

RYLAND STATE DEPARTMENT OF HEALTH

OFFICE Chros and Landine HOKETKING IN C. C. BERRY White barrone lost

PLACE OF DEATH

Carroll

23a. BURIAL, CREMATION, 23b. DATE THEREOF

3331 Brehms Lane

Charles E. Schimunek Funeral Home

REMOVAL (Specify)

B urial

a. COUNTY

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

c. LENGTH OF STAY IN 16

13	
attending physician and completely med in by the funeral hen please remove carbon papers. Pages 1 and 2 should ral, and in any event, with 72 hours after death.	
10 L	

deeth certificate

requires that the

b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town write RURAL end give nearest town Sykesville 12 days Baltimore 13 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS Springfield State Hospital 3234 Kenyon Avenue NAME OF Middle DATE DECEASED (Type or print) Charles DEATH Henry Medinger March 6. COLOR OR RACE | 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH AGE (In yeers | IF UNDER 1 YEAR] last birthdey) Male White WIDOWED DIVORCED Oct. 2, 1891 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) Amer. Ice-Co. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Medinger Elizabeth -15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Ifyes give war or dates of service) Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] PART I. DEATH WAS CAUSED BY Bronchopneumonia IMMEDIATE CAUSE (e) DUE TO Congestive heart failure Conditions, if eny, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. C.B.S. assoc. with cerebral arteriosclerosis, with psychotic reaction. Parkinsons disease

20a. ACCIDENT WAS UNDERLYING | OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED Month, Day, Yeer 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bidg., etc.) While _Not While Hour am at work et work 21. I certify that (I) (this hospital) attended the deceased from March 17.,, 1962, March 29., 19.62 that (I) (we) last saw the deceased alive on. March 29. 19.62., and that death occurred at 8.30 PM rom the causes and on the date stated above ATTENDING DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN'S Adnan Sonmez, M.D. Springfield Hospital, Sykesville, Md.

VR A15 (4) 1SM 7/61

Mt. Olivet Cemeterv Baltimore, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

2. USUAL RESIDENCE (Where decessed lived, If institution; Residence before edmission)

Maryland

b. COUNTY

Balto. City

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

INTERVAL BETWEEN ONSET AND DEATH

Days

Weeks

WAS AUTOPSY

PERFORMED? NO T

(State)

e. IS RESIDENCE ON A FARM? YES NO

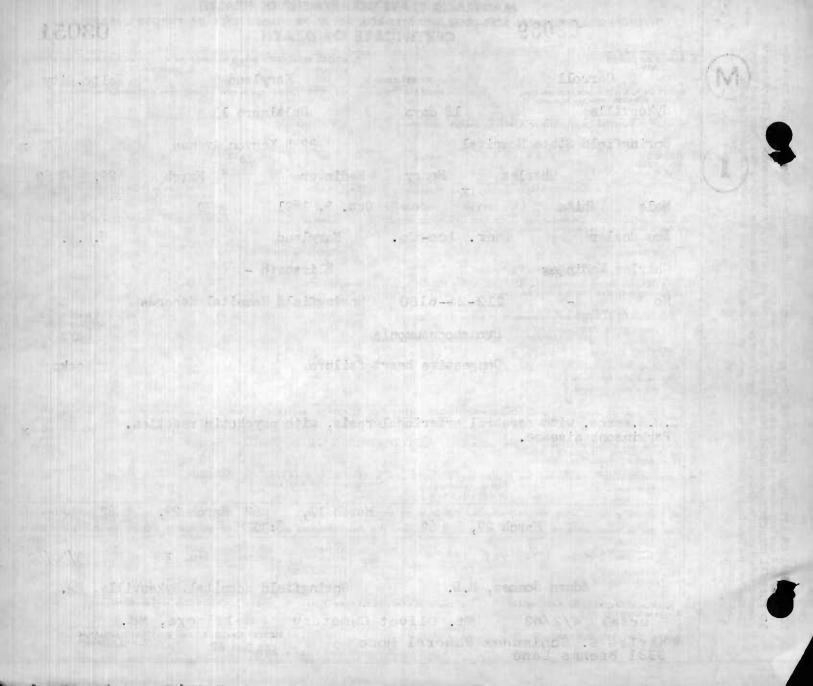
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IF UNDER 24 HRS.

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arthur S. Traus

(County)



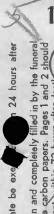
VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY LANGE CERTIFICATE OF DEATH 03060

1. PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where decessed lived, if institution: Re	sidence before edmission)
Carroll MARYLAND	Maryland Was	hington .
b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town)	c. CITY OR TOWN (If outside corporete limits, write RURAL end	give nearest lown)
Sykesville 1 mo. 18 day:	Hagerstown 2/	03.2
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
Springfield State Hospital	1725 W. Washington St.	YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month	Dey Yeer
	oats OF March	14. 1962
	. DATE OF BIRTH 9. AGE (In years IF UNDER 1 Y	EAR IF UNDER 24 HRS.
Female White WIDOWED TO DIVORCED	December 19, 1887 7 yrs. Months Di	ays Hours Min.
10a. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
done during most of working life, even if refired) Housewife	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
William Palmer	Edith Nalle	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	NFORMANT Address	-
(Yes, no, or unkown) (If yes give war or dates of service)	oringfield Hospital Records	
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]		INTERVAL BETWEEN
PART I DEATH WAS CAUSED BY.	andi maranilan di sassa	Years
	cardiovascular disease	rears
DUE TO		
Conditions, If any, which geve rise to immediate cause		
(e), steting the underlying DUE TO		
couse lost. (c)		LI TO MALE ALITORS
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO C.B.S. assoc. with senile brain disease 2De. Accident was underlying 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING	e with psychotis.	PERFORMED? YES NO
ZDe. ACCIDENT WAS UNDERLYING 2Db. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH CAUSE OF DEATH CHERTHER, NOTIFY MEDICAL EXAMINER	. (Enter neture of injury in Perl I or Pert II of ilem 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, ferm, 201. (City or town) (Count	y) (Stete)
	ory, street, office bldg., etc.)	
21. I certify that (I) (this hospital) attended the deceased from	January 26 10 62 March 11 106	2 (5-1 (1) (1)-2 (-1)
saw the deceased alive on March 11, 1962, and that		
22e. SIGNATURE	death occured al.x	22b. DATE
agreen, del Campo M	ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. DC	3/15/62
226. PHYSIGIAN'S NAME (Type) Agustin del Campo, M.D.	Springfield Hospital, Sykesvi	lle, Md.
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY	OR CREMATORY 23d, LOCATION (City, town or county)	(Stete)
REMOVAL (Specify) 3-17-67 MANOR	TILGHMANGT	ON MD
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	GNATURE
John W. Minnel - Hagerstown	Md DATE WAR 1 9 '62 Cirthur &	. Thousa

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MARYLAND STATE DEPARTMENT OF HEALTH

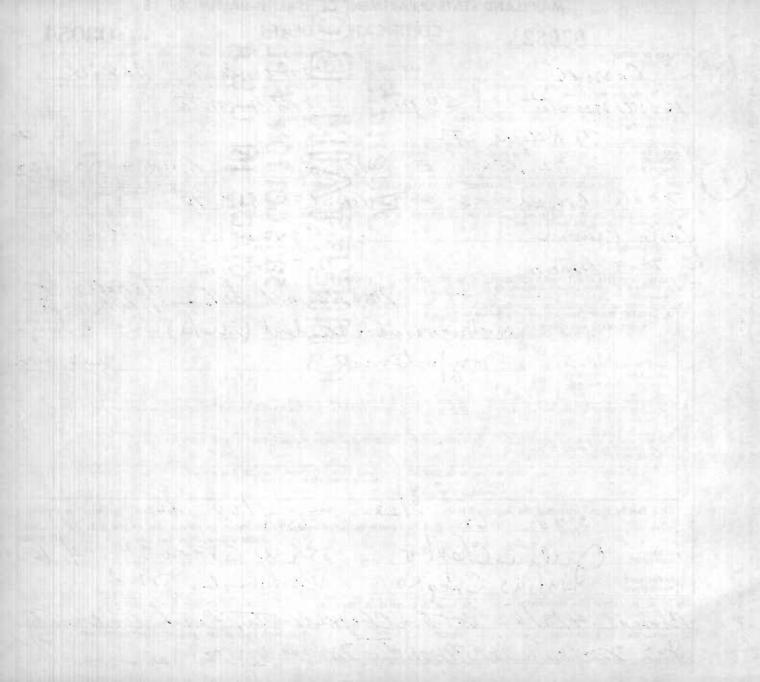
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 0305 03053

	1. PLACE OF DEATH	ĭ			a. STATE			b. COUN		sidence before edm	nission
1		roll		MARYLAND		Maryla			Bal	to.City	/
	write RURAL end	if outside corporate lim give nearest town)	its,	c. LENGTH OF STAY IN 1	c. CITY O	R TOWN (If	outside corpor	ete limits, write	RURAL and	give neerest town)	
, .	Sykesvi	B	altimo	ore 1		.3	V01-4				
1	d. NAME OF HOSPIT	TAL OR INSTITUTION	if not in hospi	tel, give street eddress)	d. STREET	ADDRESS		44		e. IS RESII	
		ield State	Hospi		1	N OI8	. Charl	es St.		YES N	
1	3. NAME OF DECEASED	First		Middle	Last		4. DATE OF	Month		Dey Yeer	
	(Type or print)	Thoma		Frank	Mora	n	DEATH	March	1	27, 196	2
	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRT	Н	9.	AGE (In years			HRS.
	Male	White	WIDOWED		December	21.	1901	60 yrs.	Months Da	ys Hours	Min.
	10a. USUAL OCCUPAT	ION (Give kind of wor	k 10b. KIN	D OF BUSINESS OR INDUS					12. CITIZI	N OF WHAT COL	UNTRY?
	Advertis		ed)	-	New	York			T	J.S.A.	
	13. FATHER'S NAME				14. MOTHER'S	MAIDEN N	AME				
1	Martin M	Ioran			Anna	Tolar	nd				
1	15. WAS DECEASED EV	ER IN U.S. ARMED FOR	RCES? 16. S	OCIAL SECURITY NO. 17.				Address		_	-
	(Yes, no, or unkown) (I	tyesgive war or detes of s	service)	_	Springfi	eld He	ospital	Record	is		
	18. CAUSE OF D	EATH [Enter only one	cause per lin	e for (a), (b), end (c).]			T -			INTERVAL BETWE	EEN
		H WAS CAUSED BY:		Α.						Days	ATH
	Condition if	DUE TO								M . 41.	
	Conditions, if eny		Mali	gnant hypert	ension.					Months	
	(a), steting the un										
	cause lest.) (c)									
	C.B.S.wit	h other th	an cer	RIBUTING TO DEATH BUT I	NOT RELATED TO T DSClerosi	s with	al disease co	otic	EN IN PART 1	e) 19. WAS AUT PERFORM	OPSY LED?
	reaction	with hype	rtensi	on.						YES NO	X
_	I (IF EITHER, NOTIFY	AS UNDERLYING A CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCUR	ED. (Enter nature of	injury in Pa	rt I or Part II o	f item 18.)			
	20c. TIME OF INJU	RY Month, Day, Ye			LACE OF INJURY		20f. (City o	r town)	(County	r) (Ste	ete)
	20c. TIME OF INJU Hour e.m.	19	While et work	Not While for the state of the	actory, street, office	bidg., etc.)					
1				ed the deceased from	May 25.	10	61 toMa	arch 27	. 196	2 that (1) (we	e) last
				19.62, and th							
	22a. SIGNATURE	- non /	form	з мд.	M.D. ATTENDIN			STAFF PHYS.		3/28/6 ⁵	ATE IGNED
	22c. PHYSICIAN'S NAME (Type)	Adnan Son	mez, M	[.D.	22d. ADD	RESS			Sykesv	ille, Md.	
I.P.	REMOMAL (Specify)	ON, 236. DATE THE	62	23c. NAME OF CEMETER		'		ION (City, tow		(Stete	
1	FUNERAL DIRECTOR	IS SIGNATURE	26926	Ke Rd - River	Bch,	25a. REC'E		AR 2Sb. REG	ISTRAR'S SIC		

GROSE The first of the second The land server all the man extent

ATTENDING PHYSICIAN: The low requires that the death certificate be executed

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before edmission) a. COUNTY b. COUNTY e. STATE MARYLAND b. GITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY_OR TOWN (If outside corporete limits, write RURAL and give neerest fown) filled e. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, we street eddress) ON A FARM? YES NO completely ME OF (Type or print) DEATH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLO OR RAC MARRIED NEVER MARRIED ash birthday) Months DIVORCED WIDOWED physician USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY 13. / FATHE CURITY NO. | 17. INFORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO ALRENOSIS gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RMINAL DISEASE CONDITION GIVEN IN PART 1(a) 1 19. WAS AUTOPSY CERTIFICATION 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm,) 20f. (City or town) (County) (Stete) 20c. TIME OF INJURY Month, Dey, Yeer factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. 22b. DATE 22am SIGNATURI ATTENDING SIGNED DIRECTOR TO FUNERAL director, page be filed with th PHYS. M.D. FUNERAL 22d ADDRESS 23c. NAME OF CEMULERT OR CREMA (State) 23a. BURIAL, CREMATION, WOODLAWN MARYLAND 24 FUNERAL DIRECTOR'S SIGNATURE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A1S (4) 15M 7/61 SANDER & SONS INC. BALTO. MD. arthur & Thouse DATE

Section of sections I so will describe the setting the The extraction is a market was all the Somethern productions Windson and will in the state of th Made Or 8 1 Mad Little of the Allet School of the Allet war gold to WITH THE THE PARTY OF SHALL SEED, THE PARTY OF THE PROPERTY OF THE PARTY OF TH

Item 8 Film G310 CERTIFICATE OF DEATH 03064 Reg. Dist (Ng.30.56 O. COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give neorest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO D NAME OF DECEASED First Middle 4. DATE Last Month Day Yeor (Type ar print) DEATH 196 5. SEX 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days WIDOWED 1 DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: VILLER IMMEDIATE CAUSE (o) DUE TO Canditians, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year (County) (State) foctory, street, affice bldg., etc.) Haur a.m. While Not while of work at work p. m 1962 That I last saw the deceased that I attended the deceased from I and that death occurred at M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL PHYSICIAN'S NAME (Type 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 220. BURIAL CREMATION. (State) REMOVAL (Specify) **ADDRESS** 23. EUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE France

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VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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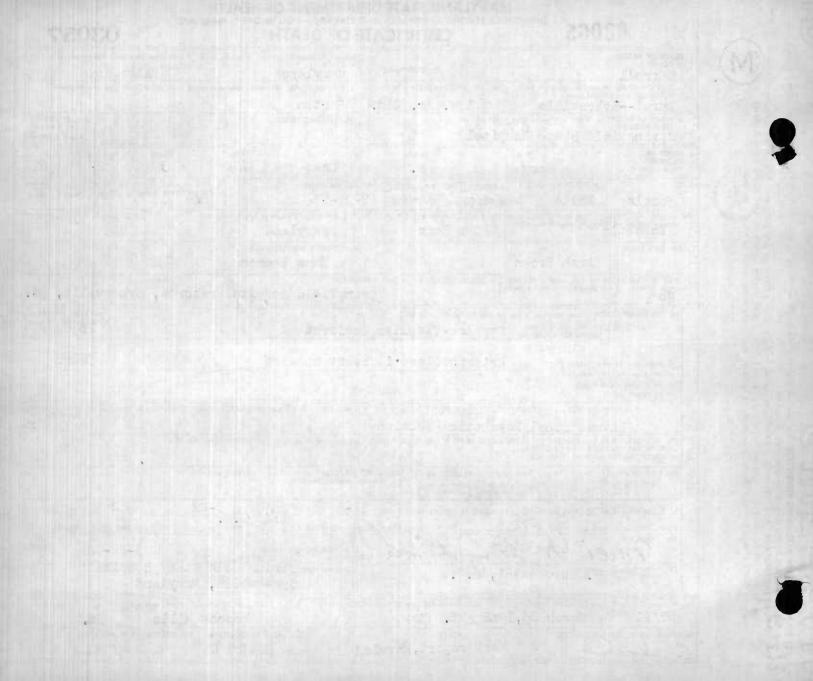
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MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

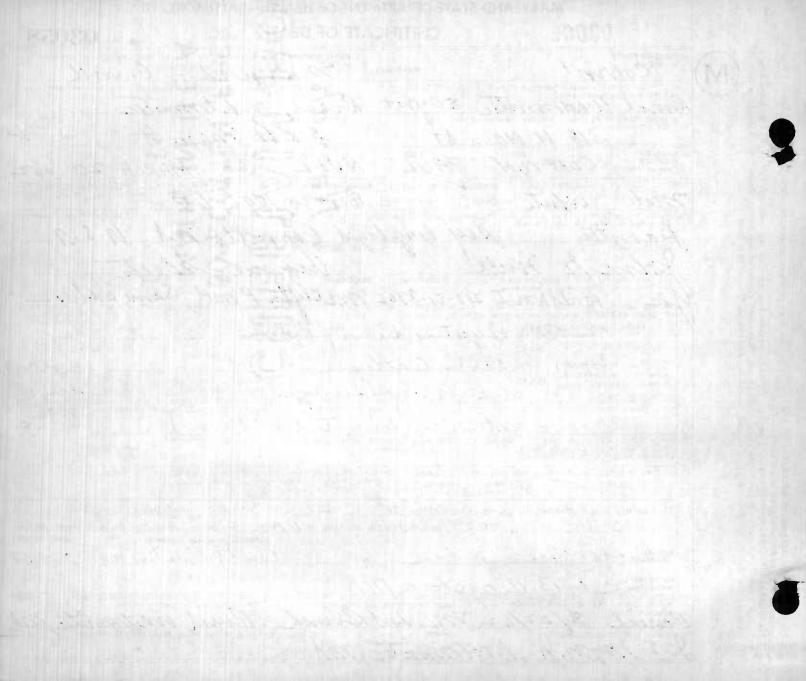
	03	065	JOIN OF	CERTIFICAL RESEARCE					MAKILANU		03	05	7
1.	Carroll			MARYLA		o. STATE Maryl		here decease	d lived. If instituti b. COUNTY		nce befo		sion)
		f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1 1Ь			outside corpo	prote limits, write F	RURAL and	give ne	arest tawr	۱)
	RuralSy	kesville			ld.	Barto	n			0	IX	- 2.	
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION Springfield State Hospital					d. STREET AD	DRESS						FARM?
	NAME OF DECEASED (Type or print)	Fir Mary	st	Middle M •		Lost Neat		4. DATE OF DEATH	Mar 3	nth	22		Year 1962
S. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8.	DATE OF BIRTH			9. AGE (In years				R 24 HRS
	Female	White	WIDOW	ED DIVORCED	0 3	-28-97			last birthday) 64 yrs.	Manths	Days	Haurs	Min.
10a	during most of work	ON (Give kind of work king life, even if retired	dane 10b.	Own Home	INDUSTR		CE (Stote ylanc		auntry)		TIZEN OI	FWHATC	OUNTRY
13.	FATHER'S NAME	Arch Brow	n			14. MOTHER'S A	AAIDEN N						
	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.		ingfiel	d Ho	spital	records		cesvi	lle,	Md.
		ATH [Enter anly one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a	Cos	ne for (a), (b), ond (c).] rebro-Vascul	ar A	ccident					INT	ERVAL BE	TWEEN DEATH
	Canditions, if a gave rise to it cause (a), stoting	mmediote (Ar	teriosclerot	ic H	leart Di	seas	9	ANTENNA SERVICE		3	lears	3
7	lying couse last.) (c)										
CERTIFICATION				contributing to DEATH		OT RELATED TO	THETERM	INAL DISEAS	E CONDITION GIV	VEN IN PA	RI 1(0) 1	PERFO	RMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of	injury in	Part I or Por	t II of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Doy, Yes	20d. II While of wor	Nat while	De. PLAC facta	E OF INJURY (Hery, street, affice	ome, farm bldg., etc	n, 20f. (City	y or town)		(County)		(State
	saw the deceas	it (A) (this haspital sed alive on 3-2	^	ded the deceased fr		1-1	119 at	46 Pan M, fram	3-22 the causes ar			stated	
	220. SIGNATURE	ei b.	10	whether	M.		T DI	ED.	STAFF PHYS.		22-62	5	b. DATE SIGNED
	22c. PHYSICIAN'S NAME (Type)	N. Buyukun	Sal,	M.D.		22d. ADDRES	-	-	ld State e, Maryl)1 6a.		
230	BURIAL, CREMATIO	March 25		23c. NAME OF CEMETE Mt. View	ERY OR (CREMATORY			TION (City, town, COW Mill		Mo	(Stat	te)
24.	FUNERAL DIRECTOR	SSIGNATURE	Wes	ADDRESS sternport. Ma	rvla			D BY REGIST		STRAR'S S			

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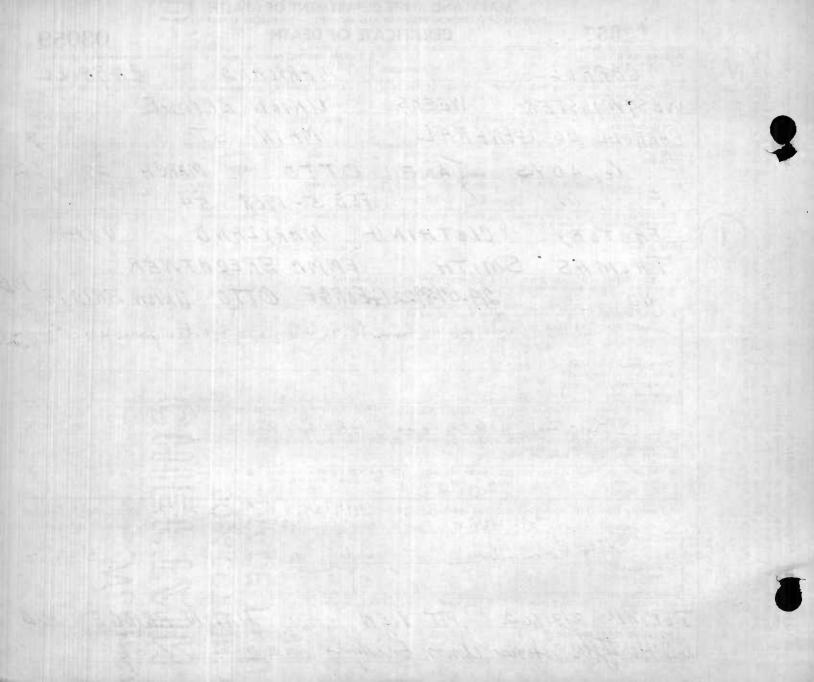


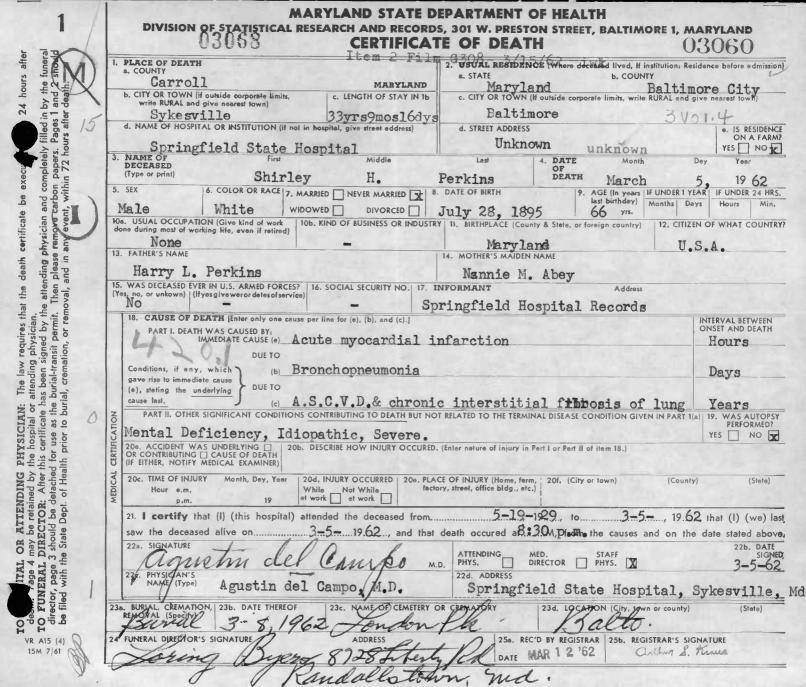
03068 CERTIFICATE OF DEATH Reg. Dist. 103058 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY MARYLAND funeral b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If setside carporote limits, write RURAL and give nearest tawn) RURAL and give nearest town) shauld d. NAME OF MOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION ON A FARM? by YES NO Z NAME OF DECEASED 4. DATE Middle filled (Type ar print) S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. 9. AGE (In years last birthday) Months Days Hours WIDOWED | DIVORCED | 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) after FATHER'S NAME carl WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO attending 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if dny, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS PERFORMED? YES NO P 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item/18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY IHome, farm, 20f. (City or town) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while at work at wark 1952, to 21. I certify that I attended the deceased from man 20" 3 - 20 1942 that I lost saw the deceosed alive on 3 ~ 1942 ___, and that death occurred at _____, from the causes and on the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, ar county) 22c. NAME OF CEMETERY OR CREMATORY (State) page 24a. REC'D BY REGISTRAR UNERAL DIRECTOR'S SIGNATUR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 1SM 9/SB

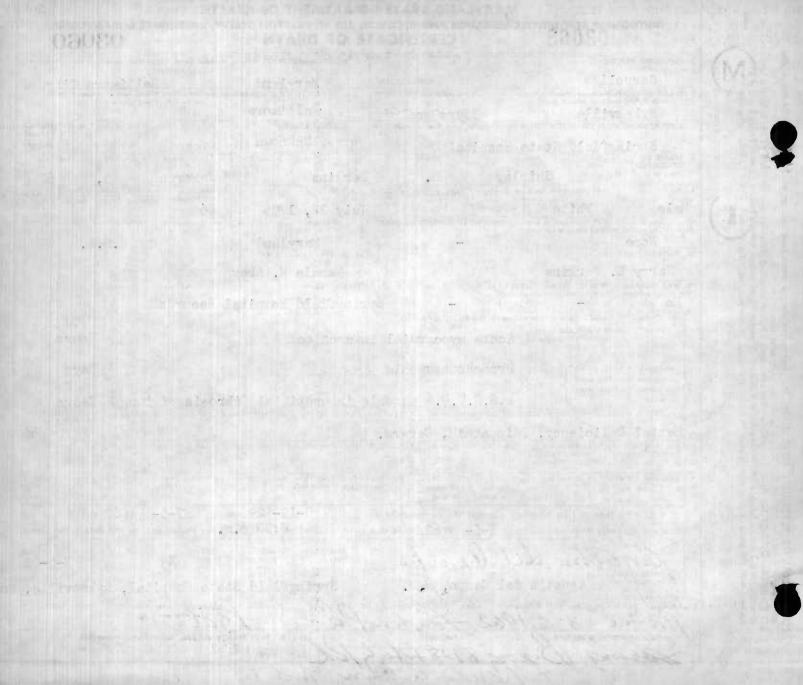
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 03067 **CERTIFICATE OF DEATH** PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) be URAL and give nearest town) ъ d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? OR INSTITUTION YES T NO T 4. DATE OF DEATH NAME OF First Middle Month Year (Type or print) 19 5. SEX 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) Months Days Haurs WIDOWED DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and rbon 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT death 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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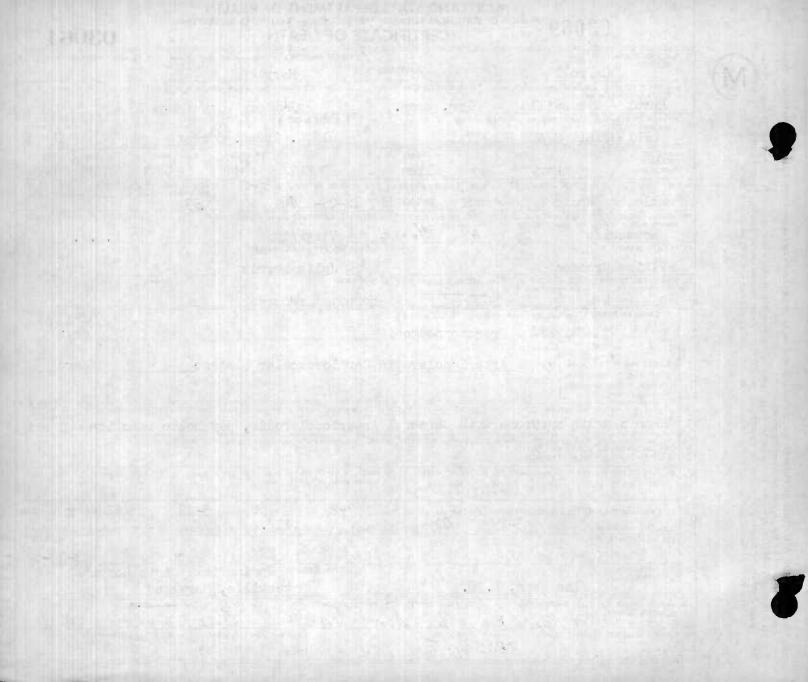




MARYLAND STATE DEPARTMENT OF HEALTH
03059 DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

03061

b. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest town) RURAL and give necrest town) RURAL ond give necrest town on the plant of	dence before admission)						
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22c. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. X 22c. PHYSICIAN'S NAME (Type) Ilse Kamm, M. D. Sykesville, Maryland 23c. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 1940)							
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Ilse Kamm, M. D. Sykesville, Maryland 230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, 1998)	Hospital						
MEMOVAL (Specify)							
BURIAL H/2/62 LOUDON VARK BALTIMORE	y) (Stote)						
	Md						
24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SI	- 11						
Chas. F. EVANS & SON 8802 HARTORD Rd DATE APR 2 162 ONTENT	17 S. Finus.						



M)		PLACE OF DEAT				2. USUAL RESIDE		ceesed lived, If b, COUN	VIY	
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1	5.	SEX	6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B.	DATE OF BIRTH	9.		IF UNDER 1 YEAR	IF UNDER 24 HRS.
		Male	White	WIDOWED DIVORCED		nuary 190	08	last birthday)	Months Deys	Hours Min.
1	10a	USUAL OCCUPA	TION (Give kind of work orking life, even if retired	106. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Co	unty & Stete, or	foreign country)	12. CITIZEN	OF WHAT COUNTRY
		Laborer	-Retired	_		Maryla			U.	S.A.
_/	13.	FATHER'S NAME			1	4. MOTHER'S MAIDE	NAME			
		Morris R					Diehl			
	15. (Ye	WAS DECEASED E	VER IN U.S. ARMED FOR (If yes give war or dates of se	CES? 16. SOCIAL SECURITY NO		FORMANT		Address		
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2	VIION	Psychosi	er significant condit s with syph	IONS CONTRIBUTING TO DEATH	nceph	RELATED TO THE TERM	Bronchor	oneumoni	VEN IN PART 1(e)	19. WAS AUTOPSY PERFORMED?
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	CERT	OR CONTRIBUTING	G CAUSE OF DEATH						(A)	X
	CAL	20c. TIME OF INJ	URY Month, Dey, Yee		20e. PLACI	E OF INJURY (Home, fe	rm. 20f. (City	or town)	(County)	(Stete)
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		21. I certify	that (I) (this hospital	al) attended the deceased	from.O	ctober 25,	19.3.7, 10.	larch 27	, 1962,	that (I) (we) las
		saw the decea	ased alive on Mar	ch 26, 1962, a	nd that o	death occured at.	7:45,AMom	the causes	and on the d	date stated above
-		22a. SIGNATURE	- 1	112		ATTENDING _	MED.	STAFF		22b. DATE
		-57		nues m	M.D	PHYS.	DIRECTOR	PHYS.		3/27/62
1		22c. PHYSICIAN'S		mez, M.D.	143	Springfi.	eld Stat	ce Hospi	tal,Syke	sville,Md
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75	24	FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	4.				GISTRAR'S SIGN	
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MARYLAND STATE DEPARTMENT OF HEALTH

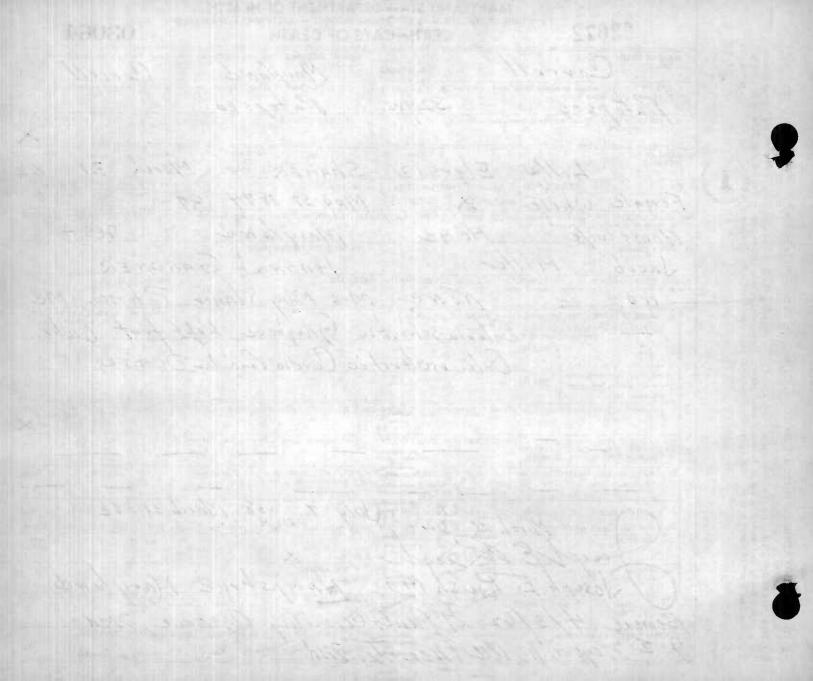
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DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 03072 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If putside carparate limits, write RURAL and give nearest town) pe RURAL and give nearest tawn) o atapsco 05 CO. ata d. NAME OF HOSPITAL (If nat in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM YES T NO. 4. DATE NAME OF Middle Manth Day Year DECEASED DEATH (Type ar print) 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS SEX 7. MARRIED NEVER MARRIED Manths Days Haurs DIVORCED | WIDOWED A JE C 10a. USUAL OCCUPATION (Give kind of wark dane during most of warking life/even if retired) 12. CITIZEN OF WHAT COUNTRY? FOUSE 13. FATHER'S NAME aco IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMAN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19-PERFORMED 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED (Caunty) (State) factory, street, affice bldg., etc.) Haur a. m. While Nat while at work at wark p. m. 19.62 that (1) (we) last 21. I settify that (I) (this hospital) oftended the deceased from 19.6 wond that death occurred at 20 M, fram the couses and on the date stated above. saw the deceased olive an 22a. NGNATUR 22b. DATE SIGNED ATTENDING PHYS. MED. M.D. PHYSICI 22d. ADDRESS NAME Stat 23d. LOCATION (City, town, URLAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) EMOVAL (Specify) 0 250. EC'D BY REGISTRAR EUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE 62 Comment de Thomas 15M 9/59

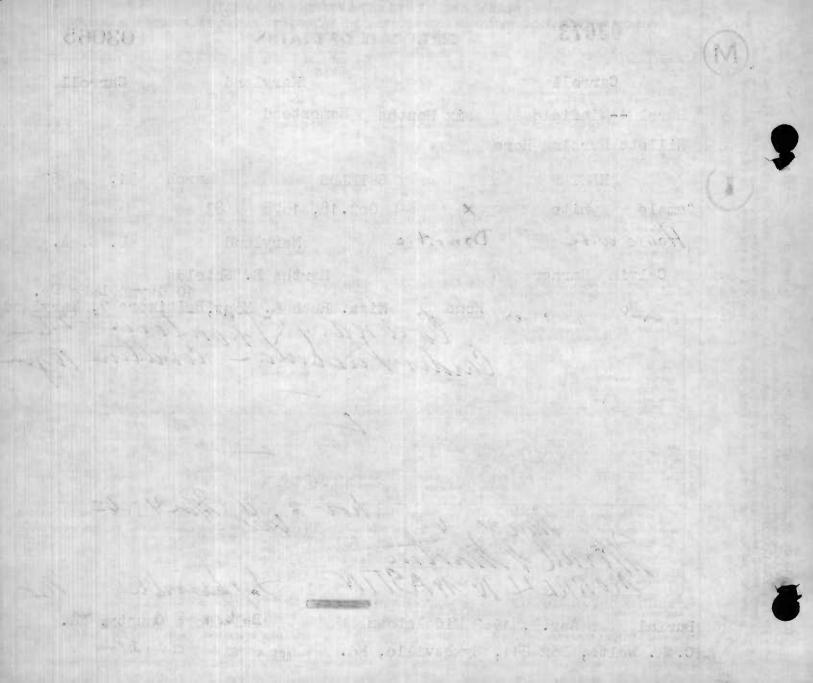
MARYLAND STATE DEPARTMENT OF HEALTH



CERTIFICATE OF DEATH * funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY b. COUNTY by the and 2 death. Carrol MARYLAND Maryland Carroll b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearest town) write RURAL and give neerest town) Hampstead 4-Winfield Rural six Months Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? Killett YES NO Nursing Home 3. NAME OF Middle 4. DATE Last Month Day DECEASED OF (Typa or print) DEATH March AGE (In years | IF UNDER | YEAR 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. last birthday) Months Days Hours female 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if ratired) wite Touse U. S. A. Marvland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Calvin Harner Martha B. Shields 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (If yas giva wer or dates of service) None 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO gava rise to immadiata causa DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) OR CONTRIBUTING CAUSE OF DEATH 20e. PLACE OF INJURY (Homa, farm, (County) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ! 20f. (City or town) (Stata) fectory, streat, offica bldg., etc.) Whila Not While Hour e.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from M. and that death occured and, from the causes and on the date stated above. saw the deceased alive of 22b. DATE 22a. SIGNATUM ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22c. PHYSICIA director, page be filed with 224 ADDRESS 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY (State) REMOVAL (Spacify) Baltimore County, Md. 0 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) arihur S. Thomas Sykesville, Md. 15M 9/60 Waltz. Box 241.

MARYLAND STATE DEPARTMENT OF HEALTH

র্কার্ক্সাstical research and records, 301 w. preston street, Baltimore 1, Maryland



VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03074

CERTIFICATE OF DEATH

Reg. Dist. NO.3066

1. PLACE OF DEATH o. COUNTY Carrol	1 County		MARYLA		o. STATE	rylar		l lived. If instituti b. COUNTY		
RURAL and give	(If outside corporate liminearest tawn) nksburg	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TO			ote limits, write I	RURAL' ond give r	nearest town)
OR INSTITUTION	Boarding Ho		oddress)	1	d. STREET AL		Road			e. IS RESIDENCE ON A FARM? YES NO [.
3. NAME OF DECEASED (Type ar print)	George		Middle Stin	Shipl	Last Gy		4. DATE OF DEATH	March		Day Year 19 62
5. SEX	6. COLOR OR RACE	7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED		ec. 4th			9. AGE (In years lost birthday) 82 yrs.	Months Days	AR IF UNDER 24 HF Haurs Min.
during mast af wo	ION (Give kind of work orking life, even if retired	dane 10b. 1	farm		Carr	roll	County		U.S.	OF WHAT COUNTR
13. FATHER'S NAME James	Shipley			1	4. MOTHER'S		rdner			
15. WAS DECEASED EV (Yes, no, or unknown)	(If yes, give war or dates of s	ervice)	SOCIAL SECURITY NO.		RMANT S. Hale	e Ha	le Nur	sing Hon		sburg, Md
Conditions, if gove rise to couse (o), stoting lying cause last PART III. O	g the under-		HASEL STRUCTURE TO DEAT	LE BOT NO	na T RELATED TO	THE TERMI	NAL DISEASE	rone pene ase condition gr	VEN IN PART (a)	years 549 PERFORMED?
20g. ACCIDENT W	VAS UNDERLYING DIG CAUSE OF DEATH Y MEDICAL EXAMPLER)	206 DESC	RIBE HOW INJURY OC	URRED. (E	inter nature of	injury in f	Part 1 or Part	II of item 18.)		YES NO
20c. TIME OF INJU	1 10	While	UURY OCCURRED Not while of work	PLACE foctory	OF INJURY (H	lome, form	20f. (City	or town)	(Count	y) (Sta
21. I certify alive on actual signature Physician's NAME (Type)	that I attended the	decease 16		leath ac	coursed at A	10P	/		nd an the da	te stated above DATE SIGN
220. BURIAL, CREMATI REMOVAL (Specifi Burial	Narch 4		22c. NAME OF CEMET				22d. LOCAT	ION (dity, town,	or county)	(Stote)
23. FUNERAL DIRECTO	S Saffel	ef.	O ADDRESS	in St		24a. REC'I	D BY REGIST	RAR 24b. REG	ISTRAR'S SIGNAT	

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03067

a. COUNTY								nce before ed	lmission)
Carr	oll		MARYLANI	. stateMary	land	b. COUN	VTY Carro	11	
b. CITY OR TOWN (if	outside corporete limit give nearest town)	ts,	c. LENGTH OF STAY IN 1	b c. CITY OR TOWN	(If outside cor	porete limits, write	e RURAL and give	neerest town	1)
	anevtown		Lifetime	X Rural Ta	anevtow:	n			
		f not in hosp	pital, give street eddress)	d. STREET ADDRES	is .				
None				None					
3. NAME OF DECEASED	First		Middle	Last	4. DATE	Mont	h Dey	Yeer	
(Type or print)	Carr	oll	Benner	Shoemaker		H Marc	h 1	0 196	2
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH					
Male	White	WIDOWE	DIVORCED	October 4.	1892	69 yrs.	Months Deys	Hours	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	10b. KI	ND OF BUSINESS OR INDU			r foreign country)	12. CITIZEN	OF WHAT CO	OUNTRY?
Farmer	king lite, even it relite	-	vn Farm	Carroll	Co. Ma:	rvland	U.S	. A.	
13. FATHER'S NAME					./				
Ed	ward Shoem	aker			Ha	ttie Lam	bert		
15. WAS DECEASED EVE	R IN U.S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO. 17	. INFORMANT		Address			
(Yes, no, or unkown) (If	yesgive weror dates of so		18-09-2235 M	irs. Carroll S	Shoemak	er. R#2.	Tanevto	wn. Md	
	EATH [Enter only one			TD. OGITOIT E	DITO OTHER	o 2 , 241 ~,	The same of the sa	Contract of the last of the la	
PART I. DEATH	WAS CAUSED BY:	P	. 0	1/0.		1	£	HISET AND P	EATH,
1/2	MMEDIATE CAUSE (e)	V (union	ery iven	usm	inge	-	evy "	114
160	DUE TO	4	La Maria	14		11/	4	5 1	
Conditions, if eny	, which \ (b)	(william	end withere	MILES L	1 11	und !		
	As sauce		1	(- 20		^		-	2
(a), stelling the un	DIE TO	1			-)	0	1	2
(a), stelling the ur	derlying DUE TO				(0	1	2.
(a), stelling the ur	derlying DUE TO	TIONS CON	TRIBUTING TO DEATH BUT		(CONDITION GIV	VEN IN PART 1(a)		
(a), stelling the ur	derlying DUE TO	TIONS CON	ITRIBUTING TO DEATH BUT		(CONDITION GIV	VEN IN PART 1(a)	PERFOR	RMED?
(a), stelling the ur	SIGNIFICANT CONDITION AS UNDERLYING CONDITION CAUSE OF DEATH	20b. DES		NOT RELATED TO THE TERM	MINAL DISEASE		VEN IN PART 1(a)	PERFOR	RMED?
(a), stelling the urceuse lest. PART II. OTHER PART II. OTHER OR CONTRIBUTING (IF EITHER, NOTIFY)	SIGNIFICANT CONDI	20b. DES	CRIBE HOW INJURY OCCU	NOT RELATED TO THE TERM	MINAL DISEASE in Part I or Pert	II of item 18.)		PERFOR	40 T
(a), stelling the unceuse lest. PART II. OTHER 20a. ACCIDENT WOR CONTRIBUTING (IF EITHER, NOTIFY)	SIGNIFICANT CONDI	20b. DES	CRIBE HOW INJURY OCCU	NOT RELATED TO THE TERM RED. (Enter neture of injury in the property of the pr	MINAL DISEASE in Part I or Pert	II of item 18.)	(County)	PERFOR	40 T
(a), stelling the unceuse lest. PART II. OTHER 20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU	SIGNIFICANT CONDI	20b. DEScorer 20d. I	CRIBE HOW INJURY OCCU	NOT RELATED TO THE TERM RED. (Enter neture of injury in the property of the pr	MINAL DISEASE in Part I or Pert	II of item 18.)		PERFOR	40 T
(a), stelling the urceuse lest. PART II. OTHER 20a. ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour a.m. p.m.	SIGNIFICANT CONDICATE UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Yee	20b. DESo er 20d. I While et work	CRIBE HOW INJURY OCCU	NOT RELATED TO THE TERM RED. (Enter neture of injury in PLACE OF INJURY (Home, feectory, street, office bldg., g	winAL DISEASE in Part I or Pert erm, 20f. (Ci	II of item 18.)	(County)	PERFOR	RMED?
(a), stelling the urceuse lest. PART II. OTHER 20a. ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour a.m. p.m.	SIGNIFICANT CONDICATE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Year of the property of the p	20b. DEScorer 20d. I While et work	NJURY OCCURRED 200. Not While et work	NOT RELATED TO THE TERM RED. (Enter neture of injury in the property of the pr	minal disease in Part I or Part erm, 20f. (Ci	Il of item 18.)	(County)	YES 1	Stete)
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(a), stelling the urceuse lest. PART II. OTHER 20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour a.m. 21. I certify the saw the decease	SIGNIFICANT CONDICATE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Year of the property of the p	20b. DEScorer 20d. I While et work	NJURY OCCURRED 200. Not While et work	NOT RELATED TO THE TERM RED. (Enter neture of injury in the property of the pr	minal disease in Part I or Part erm, 20f. (Ci	Il of item 18.)	(County)	YES 1	Stete) Stete) We) last above.
(a), stelling the urceuse lest. PART II. OTHER 20a. ACCIDENT W/OR CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour a.m. p.m. 21. 1 certify il saw the deceas 22e. SIGNATURE.	SIGNIFICANT CONDICAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Year of the dealine on	20b. DEScorer 20d. I While et work	Middle Benner Shoemaker Death March 10 1962 None Shoemaker Death March 10 1962			Stete) Stete) We) last above.			
(a), stelling the urceuse lest. PART II. OTHER 20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour a.m. 21. 1 certify the saw the deceas 22e. SIGNATURE	SIGNIFICANT CONDICAS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) RY Month, Dey, Year of the dealine on	20b. DEScorer 20d. I While et work	NJURY OCCURRED 200. Not While et work	NOT RELATED TO THE TERM RED. (Enter neture of injury in the place of injury inju	winal disease in Part For Pert	Il of item 18.) by or town) m the causes STAFF	(County)	YES 1	Stete) Stete) We) last above.
(a), stelling the urceuse lest. PART II. OTHER 20a. ACCIDENT WORK CONTRIBUTING (IF EITHER, NOTIFY) 20c. TIME OF INJU Hour a.m. p.m. 21. 1 certify the saw the decease 22e. SIGNATURE 22c. PHYSICIAN'S NAME (Type)	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER) AS (I) (this hospited alive on	20b. DESC While et work	NJURY OCCURRED 200. Not While of work 19 20 and file 19 20 and fi	PLACE OF INJURY (Home, fe fectory, street, office bidg., street) M.D. ATTENDING PHYS. 22d. ADDRESS	erm, 20f. (Cinter) MED. DIRECTOR	a. 15 RESIDEN ON A FAR YES NO March 10 1962 9. AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HE lest birthdey) 69 yrs. Months Deys Hours Min 10	Ne) last above, DATE SIGNED		
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\$ 141 X 11 Market Market Committee of the Market Committee of the Co Ether char and traverse on of Land -18 0/2 1/2 1/2 1/2 1/E R. S. Mereorgis Established Blooms

1	市	10		DEPARTMENT OF HEALTH H AND RECORDS — BALTIMORE 1, MARYLAND CATE OF DEATH	03068
ectar,	0	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Resi	idence befare admission)
d ig	1		Carroll MARYLAN	Md b. COUNTY	It note V
oth.	MI)		c. LENGTH OF STAY IN RURAL and give nearest town)	1b c. CITY OR TOWN (If outside corporate limits, write RURAL o	nd give nearest town)
funeral funeral		R	ural - Woodbine	Baltimore	03X.2
the shai	90		NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
9 p	, 0		Golden Age Rest Home	528 Castle Drive	YES NO
ie g		3.	NAME OF First Middle DECEASED	Last 4. DATE Manth OF	Day Year
illed is 1 ath.			Type or print) Helen Louise	Siefers DEATH 3	1 19 62
ithir Pag		S.	EX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UN	DER 1 YEAR IF UNDER 24 HRS.
d w leter S.			F WIDOWED DIVORCED		hs Days Hours Min.
omp ape		10a	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. 8IRTHPLACE (State or foreign cauntry) 12.	CITIZEN OF WHAT COUNTRY?
d c hou			Cosmetician Same	Cumberland, Md.	II.S.A.
be n ar		13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
ate iciar e co ithir	(I)		Frank R. Siefers	Lucy Ida	
phys may nt, w				7. INFORMANT Address	
ng p		1,00	no 218-01-8544	Mrs. Virginia Trussell	Above
and in din			18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	1 17 1	INTERVAL SETWEEN
atte			PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a)	iac Thimbotic	ONSET AND DEATH
t the the Ther			DUE TO		11
tho			Conditions if any which	aney fort operative	Tur
res naven			gove rise to immediate	11011	1.1
sign rer			couse (o), stoting the under-	Il Allervale	10 year
icia icia een ans		Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(a) 19 WAS AUTOPSY
e la shys	. 0	CATIO	*Amputation of left breast in N	ov. 1961 at Womens Hosp. Balte	PERFORMEDT YES NO NO
The period		I.A.	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCU	JRRED. (Enter noture of injury in Part I or Part II of item 18.)	
AN icat		CERT	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	4	
atte attif as t		N S	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, form, 20f. (City or town)	(County) (State)
HY or is c		WEDICA	Haur o. m. While Not while of work of work	foctory, street, office bldg., etc.)	
Poita pita far the far the iar		~		Ship will the the	62+
Affe Ped Ped			21. I certify that (I) (this haspital) attended the deceased fro	- /- (2.37)	9_ finat (I) (we) last
the stack			saw the deceased alive as file 19 17 and the	at death accurred of 1.2 MR from the causes and an	the date stated above.
P de CT de H			Monally Hotelan	M.D. PHYS. MED. STAFF	SIGNED
OR Ded by d by d by d			22c PHYSICIAN'S	M.D. PHYS. DIRECTOR PHYS. PHYS.	1. 1
AL Coul	/		MATTO PRELININAGII	N Juhausto M	111.
UNER A 3 sh State		22-	BURIAL, CREMATION, 23b, DATE THEREOF 23c, NAME OF CEMETE	RY OR CREMATORY 23d. LOCATION (City, town, or coun	ty) (State)
FUN Poge		230	REMOVAL (Specify)		Md.
TO FU	_	24	Burial 3-5-62 Lorraine FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Park Balto. co.	
VR A1S (4)	San		W.Jenkins & Sons Co. 4905 York		S. Thurs
1SM 9/59	12/2	11	W. OUTRITIO CO DOTTO OO . 470) TOTA	DAIL	

er death. Page 4

executed within 24

SELLAR OF SITE OF STATES O A CHARLES Actual the grant of the order in the

TO Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A1S (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03077 CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
a. COUNTY Carroll MARYL	a. STATE Maryland b. COUNTY
b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY	
RuralSykesville ly. 4m. 2	5d. Baltimore City 3 VO 1-4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddre:	ss) d. STREET ADDRESS e. IS RESIDENCE
Springfield State Hospital	543 Harwood Avenue
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Yeer
(Type or print) Elizabeth -	Sommers DEATH 3 5 19 62
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min
female white widowed DIVORCED	Months Devs Hours Min.
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	INDUSTRY 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
housewife	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Louis Struckman	Sesh \
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO	
(Yes, no, or unkown) (Ifyesgivewerordetesofservice) 21/1-01-1315	Springfield hospital records - Sykesville, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).	
PART I. DEATH WAS CAUSED BY: Sensis seconda	ary to trophic ulcers onset and death days
	days
Conditions, if ony, which by Bronchopneumon	dores
Conditions, if eny, which gove rise to immediate cause	day a
(e), steting the underlying DUE TO	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
5 Chronic brain syndrome associated wi	ith senile brain disease with psychotic I NO K
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH Chronic brain syndrome associated will be contributed by the contributing cause of death of contributing contributing to death of contrib	CCURED. (Enter neture of injury in Pert I or Pert II of item 18.)
	20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State)
Hour e.m. p.m. 19 et work et work	factory, street, office bldg., etc.)
21. I certify that (K (this hospital) attended the deceased	from 10/10/ 19.60 to 3/5/ 19.62, that 05 (we) last
saw the deceased alive on 3/6/ 1962 an	d that death occured at 2:45, from the causes and on the date stated above,
22e. SIGMATURE	22b. DATE
han to la busin	ATTENDING MED. STAFF
22c. PHYSICIAN S	7/7/02
NAME (Type) Naci N. Buyukunsal, M. D.	opringriera ocace nospicar
	Dykes trate Train
REMOVAL (Specify)	
Burial Mar. 8,1962 Parkwood	Cometery Baltimore Ct. Md.
24 FUNERAL DIRECTOR'S SIGNATURE HONRY W. Jenkins & Sons Co.	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
4905 York Road, Balt., 12 N	
	a. Mana

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•		03078 CERTIFICATE OF DEATH Reg. Dist. NO3070
l director, filed with	M	1. PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY b. COUNTY
erol d		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Carroll c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
the funeral should be fi		Rural - Mt Airy d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE
by d 2	1	Cabbage Spring Rd. R. D. 2 Cabbage Spring Rd. R. D. 2
	1	3. NAME OF DECEASED (Type or print) DORIS ANN STULTZ 4. DATE Month Day Year OF DEATH March 14. 1962
etely fille Pages		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 Hrs.
completely filled papers. Pages 1 ath.		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRY) 11. 8IRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
ond rbon pre der		None Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
physicion move ca hours af		Sterling Stultz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. INFORMANT Address
ing ph se remo	W,	Tres. no. or buttoners If yes, give wor or dates of service) No
attend p pleas within		18. CAUSE OF DEATH [Enter only ane cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH ONSET AND DEATH
bot the		773 DUE TO
gned b permit		Canditions, if any, which gove rise to immediate couse (a), stoting the under-
icion.	Λ	lying couse lost. (c)
g phys hos b uriol-tr	0	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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PHTSIC of or of his cert use os emotior		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur o. m. P. m. 19 20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) 420e. PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.)
hospite After the ned for ial, cre		21. I certify that I ottended the deceased from 3-14, 1962 to 3-14, 1967 hat I last saw the deceased
by the CTOR: detack to bur		olive on 3 11, 19, and that death occurred ot M, from the causes and on the date stated above. ADDRESS (Street, city ar tawn, stote) DATE SIGNED
DIRECT DIRECT Uld be d	1	SIGNATURE OF C. SHOWS M.D. TV 957 mm2 SZ
JERAL 1 3 shoul		NAME (Type) / . C. XI MIZE M D Westminster, Maryland 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
may be no FUNER page 3 s		Burial March 16, 1962 Sam's Creek Brethren Carroll Co. Maryland
'S A1S (4) SM 9/S8	Of	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE C. M. Waltz, Box 241, Sykesville, Md. DATEAR 16'62
	P	2-009848

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

03079

1.	I. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission)
	a. COUNTY MARYLAND	"Mary land b. COUNTY Clerrall
	b. CITY OR TOWN (if outside corporata limits, what RURAL and giver travest town Year Value Year Years Year Year Years Year Year Year Years Year Year Year Year Year Year Year Year	c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give steet address)	d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)
	3. NAME OF DECEASED HARVEY - A - SWI-	TZER 4. DATE Month 29 Day Year 1962
	M WIDOWED X DIVORCED 7/1	DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min. Worth With Months Days Hours Min.
d	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lewela	11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? Waylend USA
	John Switzer	Rebecca Swith
15 (Y	(Yes, no, or unkown) (1973 sqiva warordates fiservice) 215-07-4837- 7	July & Scirtzes Hacefstead Md
	18. CRUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]. PART I. DEATH WAS CAUSED BY: IMMEDIATE GAUSE (a) On gesticular	Leart Failure INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if eny, which gave rise to immediate cause DUE TO DUE TO DUE TO	otie. C-V Dusence 2-3425
200	(a), slating the underlying cause last.	
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT P	RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO F
		intar natura of injury in Part I or Part II of itam 18.)
MEDICAL		OF INJURY (Homa, farm, 2Df. (City or town) (County) (Stata) , straet, office bldg., atc.)
	saw the deceased alive on 3-7-3 194 , and that d	eath occured at
	m. C. Carterfuel M.D.	ATTENDING MED. STAFF PHYS. SIGNED SIGNED SIGNED
	22c. Physician's M. C. Porterfteld	22d. ADDRESS angestern wal
23	238. BURIAL, CREMATION, 236. DATE THEREOF. 23c. NAME OF CEMETERY OR SULVAL (Specify) Copy 1-162 Heurifste	CREMATORY Clevall & Med (State)
3	Tiplin-Elicie Haufstrad M	DATE APR 3 '62 Circlus & Kraus

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		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR	E 1, MARYLAND
		03080 CERTIFICATE OF DEATH	03072
M	1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Ins	
F22	<i>!</i>	a. COUNTY CARROLL MARYLAND STATE MARYLAND b. COUNTY	CARROLL
1		b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	URAL and give nearast lown)
10	-	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS,	RD#6
6	10	-ARROLL CO. GEN. HOSP Bend Meled Road	ON A FARM
	3	NAME OF First Middle Last 4. DATE Month	Dey Yeer
		OF DEATH MARCE (Type or print) JOHNNY R. TASKER DEATH MARCE	H 2 196
-	5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In yeers IF lest birthday)	UNDER 1 YEAR IF UNDER 24 HR
1	1	TALE VIHI! E WIDOWED DIVORCED WAS 1961 YES.	126 12. CITIZEN OF WHAT COUNT
	1	e. USUAL OCCUPATION (Give kind of work one during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BINTIPLACE (County & Stele, or foreign country)	M. C
and a	13	FATHER'S NAME 14. MOTHER'S MAIDEN NAME / 18	10.0.20
		Johnie Lee Jasher Caroline Unione	Bahen
	10	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Address Address	10000
	4	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	INTERVAL BETWEEN
		PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
		IMMEDIATE CAUSE (a) ACOTE SEPTECEM 1771.	S VIII.
		Conditions, if ony, which > (b) ACUTE NECROTIZING GASTRUE	NTERITIS 3 D
		gava risa to Immediate cause (a), stating the underlying	
	1	COUSE 1051. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	IN PART I/all 10 WAS ALITOR
0	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATT BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN	PERFORMED YES NO
	ERTIF	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Home, farm, 20f. (City or lown)	(County) (State
	MEDICAL	Hour a.m. While Not While factory, street, office bldg., etc.)	
		21. I certify that (I) (this hospital) attended the deceased from F.E.B. 28, 1967 to M.A.R.C.H.	2., 1962, that (I) (we)
		saw the deceased alive on MARCH 2 19.62 and that death occurred at 3.5M, from the causes ar	
		220. SIGNATURE ATTENDING MED. STAFF	22b. DA
		22c. PHYSICIAN'S DIRECTOR PHYS. 22d. ADDRESS	5-2-6
1		TO WELLIVER M.D. WESTMIN CTEI	2 MARYLA
	2	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lowg	yor county) (State)
		Burial march 4/62 Weer Park Melholist Construm At	nallword 71
0	2.	EUNERAL DIRECTOR'S SIGNATURES ADDRESS ADDRESS 256. REC'D BY REGISTRAR 256. REGISTARY 256. REGIST	
My.	6	F'2 Myers, A. Westmiste, Mr 104 6'62 artin	1 S. Traus
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erat PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

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Page 4 may be retained by the hospital or attending physician.	E TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun	U	be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, which 72 hours after death
VR	A1	5 (4)
15	M	7/6	1

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03073 03073

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived, If Institutions	Residence before edmission)
	MARYLAND	Make Ulano	- V
b. CITY OR TOWN (if outside comparate limits.	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL e	nd give neerest town)
	3 days	-Bal+'-1-1-	241.4
		d STREET ADDRESS	O VU
			ON A FARM?
	* · · · · · · · · · · · · · · · · · · ·		11 0/1
DECEASED	Middle	OF	Dey Tear
Robert	Linwood	THUMAS	30, 1962
5. SEX 6. COLOR OR RACE 7.	. MARRIED NEVER MARRIED B		
male white	WIDOWED DIVORCED 7	unknown 70 66? yrs.	Days Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT COUNTRY?
0	TAILORING	MARULAND	1.5.A.
13. FATHER'S NAME	7	14. MOTHER'S MAIDEN NAME	
Tsaac Thomas	The state of the s	Josephine Cole	
15. WAS DECEASED EVER IN U.S. ARMED FORCE			
		muiumeial i Ctata Hagmital Sada	and la Ma
	ouse per line for (e) (b) and (c))	pringileid State nospital, Syke	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY			ONSET AND DEATH
IMMEDIATE CAUSE (e)	pulmonary embolus		minutes
DUE TO		1	
Conditions, if any, which (b)_	chronic mitral val	lvulardisease	years
(a), stating the underlying DUE TO			
ceuse lest. (c)_			
PART II. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PAI	
Domontia Praecov	(Schizophrenic)		YES NO
E 20a. ACCIDENT WAS UNDERLYING 2		. (Enter nature of injury in Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH			
20c. TIME OF INJURY Month, Day, Year			ounty) (Stete)
20c. TIME OF INJURY Month, Day, Year Hour a.m.	111111111111111111111111111111111111111	ory, street, office bldg., etc.)	
7		77/07/22 12 2/20/62 11	
2/20) attended the deceased from	11/2//33, 19, 103/30/.02, 19	9, that (I) (we) last
	/ 19, and that	death occured at	
22e. SIGNATURE	man 3 MI)	ATTENDING MED STAFF	22b. DATE SIGNED
20000	M		3/30/62
NAME (Type)			
Adnon Somm	Carry Old Will auticle coparite limits, which carry of the comparite limits, which can be compared to the compared to the comparite limits, which can be compared to the compa		
23a. BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATION (City, town or cour	nty) (Stete)
1 9	2 Loudon	PARK BALTIMORE	Md
24 FUNERAL DIRECTOR'S, SIGNATURE	ADDRESS_	258. REC'D BY REGISTRAR 256. REGISTRAR'S	SIGNATURE
001. C. OCHOON 0	2101 Heteril	are DATE SPR 3 162 Culling	7 8. Three
prancis W marco -			

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STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY Carroll Maryland Balto. City MARYLAND b. CITY OR TOWN (if outside corporate limits. C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town write RURAL end give neerest town) Sykesville Baltimore 24 5yrs.lmo.5dys. IS RÉSIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? 17 South Potomac Street Springfield State Hospital YES NO TO 3. NAME OF DECEASED (Type or print) Emma Weeks Tucker DEATH March 1962 Marv 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months DIVORCED WIDOWED [July 27, 1892 Female. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b, KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired Housekeeper Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Willet I. Weeks Sarah Elizabeth Weeks New 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) (Hyesgive werordates of service) Springfield Hospital Records INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), end (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Septicemia IMMEDIATE CAUSE (e) Davs DUE TO Large infected bed sores & bronchonneumonia Weeks (b) geve rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? CERTIFICAT C.B.S. assoc. with presentle brain disease with psychotic reaction. NO 20e. ACCIDENT WAS UNDERLYING | 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.)

OR CONTRIBUTING | CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER) (State) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, (County) Month, Dey, Yeer fectory, street, office bldg., etc.) Not While Hour e.m. at work et work 21. I certify that (I) (this hospital) attended the deceased from. 2-7-, 19.57, to March 12, 162, that (I) (we) last saw the deceased alive on March 12. 22e. SIGNATUR SIGNED ATTENDING PHYS. DIRECTOR PHYS. MD 22d. ADDRESS Agustin del Campo. M.D. Springfield State Hospital, Sykesville, Md. 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Stete) REMOVAL (Specify) Baltimore, Maryland Buria Heart of Jesus 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE arthur S. Thous Walter Brooks Bradley, Inc., Dundalk 22, Md. DATE

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The law requires that the death certificate

DIRECTOR:

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RYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence bafora admission) e. COUNTY b. COUNTY Carroll MARYLAND Montgomery b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporete limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 16 write RURAL end give neerest town) .5 ... Rural- Damascus Sykesville 1 month d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? RFD . Mt. Airv Pullen Nursing Home YES X NO completely 3. NAME OF 4. DATE Middle DECEASED OF 62 (Type or print) DEATH Watkins March Ira Dorsev 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR last birthday) Hours WIDOWEDT DIVORCED [Male physician 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) USA Own farm Damascus. Md. Farmer attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME and Margaret Brown Uriah Watkins 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unknown) | (If yes give wer or detes of service) Mrs Irvin Watkins, Item 2 No None 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which geve rise to immediate cause DUE TO (e), steting the underlying cause last. TERMINAL DISEASE CONDITION GIVEN IN PART 1(e): 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CERTIFICATION PERFORMED? NO T 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Part II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TI CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (Stete) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, ' 20f. (City or town) (County) Month, Dey, Yeer factory, street, office bldg., etc.) Not While While Hour e.m. at work at work p.m 1907, and that death occured A. J. M., from the causes and on the date stated above, saw the deceased alive on.... 22b. DATE 22e. SIGNATURE ATTENDING SIGNED PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Howard E. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. BURIAL, CREMATION, 23b. DATE THEREOF の音る REMOVAL (Specify) Clagettsville, Md. Burial Montgomery Meth. H 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S VR A15 (4) Damascus. 15M 7/61 DATE MAR 2 1 Orthur & Hours

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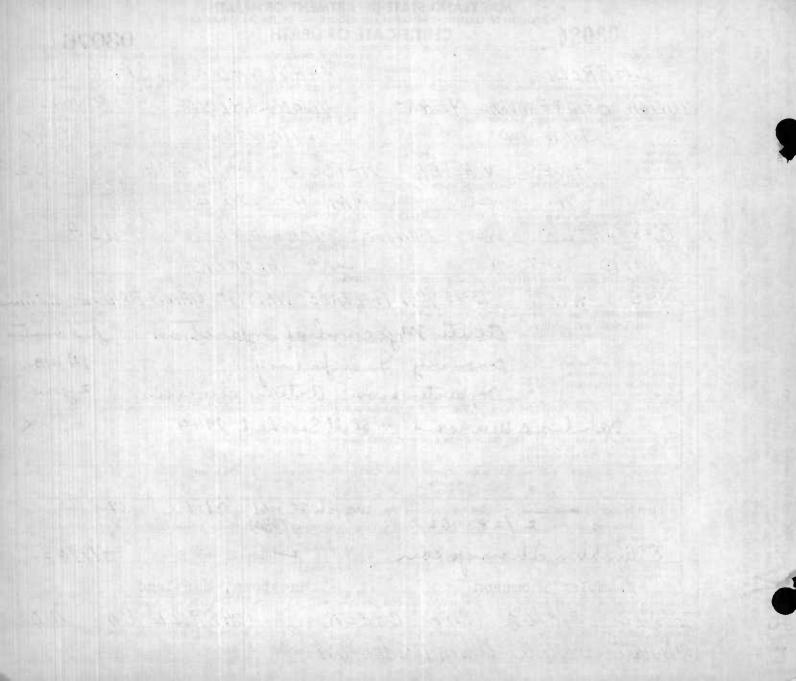
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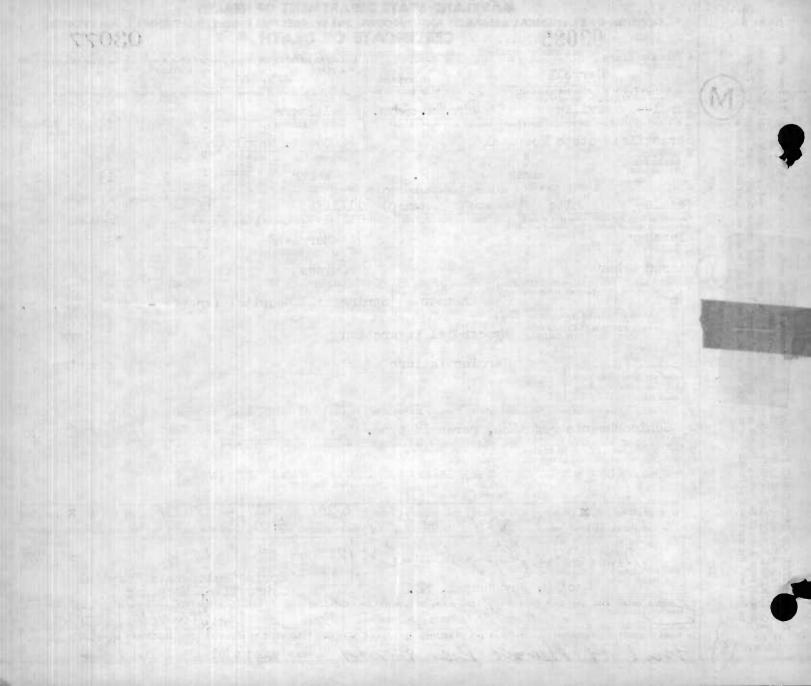
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STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1. MARYLAND 03084 CERTIFICATE OF DEATH with 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTYD filed b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) shauld UNION BRIDGE BRIDGE IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address d. STREET ADDRESS OR INSTITUTION LINWOOD 0 YES NO puc 4. DATE 3. NAME OF First Middle Month Yeor DECEASED OF DEATH (Type or print) 196 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months WIDOWED | DIVORCED [12. CITIZEN OF WHAT COUNTRY? 10g. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) duping most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME P 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT INTERVAL BETWEEN CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT WAS AUTOPSY PERFORMED? YES NO E. HELLYSSIA 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f, (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work p. m. 21. I certify that (1) (this hospital) attended the deceased from March 20, 1961 1962 and that death accurred at 72 Am from the causes and an the date stated above saw the deceased alive an Z 22o. SIGNATURE SIGNED ATTENDING PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type Tanevtown, Maryland E. Ambler Thompson 23d. LOCATION (City, town, or county) 23a. BURIAL, CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (Stote) ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR'S SIGNATURE VR A1S (4) 1SM 9/S9 - when & Three



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 03085 CERTIFICATE OF DEATH funeral I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Carroll Maryland MARYLAND b, CITY OR TOWN (if outside corporate limits, and c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL end give nearest town) Rural--Sykesville 44v.8m.25dvs. Baltimore completely filled in on papers. Pages d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS IS RESIDENCE ON A FARM? Springfield State Hospital 2006 Mt. Royal Avenue YES NO X 3. NAME OF Middle 4. DATE Month DECEASED OF (Type or print) within Sarah DEATH Weber 19 62 and con 6. COLOR OR RACE 7. MARRIED NEVER MARRIED X 5. SEX 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Devs Hours female white WIDOWED [physician attending physician Then please remove 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY done during most of working life, even if retired) Teacher Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2. and Aaron Weber Owings 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address removal, (Yes, no, or unkown) | (If yes give war or detes of service) Springfield Hospital records - Sykesville, Md. no unknown attending physician. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Myocardial infarction IMMEDIATE CAUSE (e) days burial-transit DUE TO Cardiac failure months gave rise to immediate ceuse DUE TO (a), stating the underlying the CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Schizophrenic reaction, paranoid type. NO X CERTIFIC 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [] for OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) factory, street, office bldg., etc. Hour a.m. While Not While et work DIRECTOR: 6/18/ 21. I certify that A (this hospital) attended the deceased from...... 2..., and that death occured a ... OM, from the causes and on the date stated above, saw the deceased alive_on..... 22a. SIGNATURE 22b. DATE ATTENDING PHYS. DIRECTOR FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS Springfield State Hospital NAME (Type) Naci N. Buyukunsal, MD. Sykesville, Maryland BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) REMOVAL) (Specify) 10 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1SM 7/61 DATE MAR arthur & France

STATE DEPARTMENT OF HEALTH



PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 03086 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY a. STATE b. COUNTY by the land 2 seed and 2 seed th. MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN If outside corporate limits, write RURAL and give nearest town write RUPAL and give neasest town) vicalso IS RESIDENCE filled OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NO completely 3. NAME OF Middle DATE Month Day Year DECEASED (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED and last birthday) Months Days Hours WIDOWED S DIVORCED 12. CITIZEN OF WHAT COUNTRY? USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) wy. 13. FATHER'S NAME MOTHER'S MAIDEN NAM 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yas, no, or unkown) | (Ify sgive war or dates of service) MTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY GRIFICATION PERFORMED? NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | factory, straet, office bldg., etc.) Not While While Hour a.m. at work at work p.m. 2.119 19......, and that death occurred 200 F.M. from the causes and on the date stated above. saw the deceased alive on...... 22b. DATE 22a. SIGNATURE ATTENDING STAFF SIGNED PHYS. PHYS. DIRECTOR M.D Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23d. LACATION (City, town or county 23c. NAME OF CEMETERY OR CREMATORY (State) 238 BURIAL, CREMATION, 23b. DATE THEREOF MOVAL (Specify) 0.5 % 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 EUNERAL DIRECTOR'S SIGNATURE VR A1S (4) avilour S. Kraus 1SM 7/61 DATE

TO PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exect.

3 dea Page 4 may be retained by the hospital or attending physician.

3 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death 24 hours after

	DIVISION	OF STATISTICA	L RESEARCH AND	RECORDS, 30	NIMENT OF	STREET, BALT	MORE 1, MA	RYLAND
	(3087	CERT	IFICATE C	OF DEATH		03	079
		CARRO						. /
1. PLACE OF DEATH e. COUNTY ARRO MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown) E. STAIL MARYLAND b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest lown) E. STAIL MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street address) ARRO G. CENERA HOSP, TA J. MARIED MIDDWEE MARRIED DIVORCED 1. B. DATE OF BIRTH D. DATE OF BIRTH	1		give nearast lown)					
	PLACE OF DEATH COUNTY ARRO MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) MARYLAND D. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest lown) MARYLAND C. LENGTH OF STAY IN 18 ARRO (if NESTITUTION (if not in)opinite, give street address) ARRO (if C. LENGTH AS THE MORE) MIGHT DEATH MIGHT DE	ON A FARM?						
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1De do	ne during most of wo	orking life, even if retire	d) 12 11	,	BIRTHPLACE (County		intry) 12. CITIZE	· J A
13.	FATHER'S NAME	John Or	Verta	14.		7/1/	cker	•
	s, no, or unkown) (agid 1	7) N -	I June	Gers, 7	nel
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	geve rise to immed (a), stating the u	v, which (b)	arterio. h	Chritic	C-v D			5 yrs.
ATION			TIONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERMIN	AL DISEASE CONDITION	N GIVEN IN PART 1	PERFORMED?
CERTIFIC	OR CONTRIBUTING	CAUSE OF DEATH	2Db. DESCRIBE HOW IN	JURY OCCURED. (Ente	er neture of injury in P	art I or Pert II of item 18	.)	
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ARREIT CO. (LIVERA) HOSP, TA MILLERS STATION (IVEN MORTH) 3. NAME OF DECEASED (Lyra pinh) JESS; E SAMYE DECEASED (Lyra pinh) JESS; E SAMYE Not DECEASED (Lyra pinh)	Md							
238	B. CHIVE TOWN If Understand Corporate limits, while RURAL and give nearest lowe) D. CHY OR TOWN If understand corporate limits, while RURAL and give nearest lowe) PRECENTIAL CREATIVE CONTROLLING C							

Dr. 1 . 4 . 4 Canadell WESTMANNER LAND HANDER MANNERS IN CARROLL COLORER HOLDER MILEN BURNER CHANGE Carried Well 2 march 28 28 - CLV 2-7 - 5-7 - 3-20 Down part mont was made Complete In the the forester the land Cather Manter EV Drawner The same 13 more m color to person HARD TO BE

03088 CERTIFICATE OF DEATH Reg. Dist. 93080 director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND funeral CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN(If outside corporate limits, write RURAL and give nearest town) pe RURAL and give nearest town) shauld d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? by 1 YES NO pup .= NAME OF 4. DATE Last Month Day Year filled DECEASED (Type or print) DEATH 19 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH campletely Months Doys WIDOWED A DIVORCED [papers. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BURTHPLACE (State or foreign caunity) 12. CITIZEN OF WHAT COUNTRY? during mast af working life, even if retired) pup 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (If yes, give war or dates of service) aftending 1B. CAUSE OF DEATH [Enter anly one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH d PART I. DEATH WAS CAUSED BY: O day IMMEDIATE CAUSE (o) DUE TO Canditions, if ony, which gned gave rise to immediate per DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES T NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Part II of item 18.) OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) o. m. While Not while at work at work 7-19 4 That I last saw the deceased 21. I certify that I attended the deceased from and that death accurred at M, from the causes and an the date stated above. DIRECTOR ADDRESS (Street, city or tawn, state DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION-(City, Jown, or county) (Stote) poge REMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) DATE AR 2 9 '62 - miner of Kinese 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission) a. COUNTY b. COUNTY Howard by the and 2 death Carroll MARYLAND c. CITY OR TOWN In outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL end give nearest town) Blyrs. 5mos. 5days Marriottsville Sykesville filled in Pages 1 and completely filled in carbon papers. Pages in, within 72 hours afte d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Springfield State Hospital None YES NO . NAME OF Middle 4. DATE Month DECEASED Caroline Wright 25, 19 62 (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months September, 1899 Female WIDOWED T DIVORCED T 10e. USUAL OCCUPATION (Give kind of work remove 1Db. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & Stete, or loreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired U.S.A. None Tennessee 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Howard F. Wright Sophia Crockett 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Springfield Hospital Records 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Arteriosclerotic heart disease Years IMMEDIATE CAUSE (e) DUE TO Bronchopneumonia Days. (b) geve rise to immediate cause DUE TO (e), steting the underlying ceuse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Schizophrenic reaction, Hebephrenic type in a mental defective. NO T 2De. ACCIDENT WAS UNDERLYING TI 2Db. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY Month, Dey, Yeer 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 1 2Df. (City or town) (State) (County) factory, street, office bldg., etc.) While Not While 21. I certify that (i) (this hospital) attended the deceased from October 20, 19.27 to March 25, 19.62 that (i) (we) last saw the deceased alive on March 25, 19.62., and that death occurred at 1.235P. From the causes and on the date stated above. ATTENDING DIRECTOR PHYS. 22d. ADDRESS Agustin delCampo, M. D Springfield Hospital, Sykesville, Md. 23d. LOCATION (City, town or county BURLAN CREMATION, 236. DATE THEREOF NAME OF CEMETERY OR CREMATORY (Stete) REMOVAL (Specify) 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE MAR 2 9 '62 DATE Clothur & Thomas

hours after

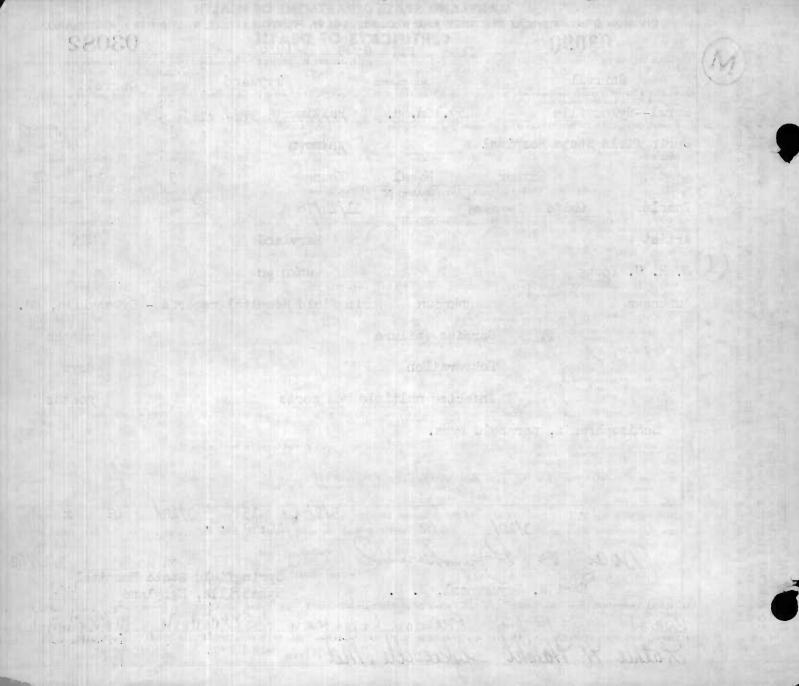
RYLAND STATE DEPARTMENT OF HEALTH

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M		PLACE OF DEATH a. COUNTY					SUAL RESIDEN	ICE (Where de	b, COUN		lence before	a dmlssion	
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	b. CITY OR TOWN (if outside corporate fimits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b						c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town)						
		aralSyk	esville		y.10m.8d.	XX	altimore	Sykes	ville				
15		d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address)					STREET ADDRESS	100				A FARM	
	S	Springfield State Hospital											
		NAME OF DECEASED	First		Middle		Lest	4. DATE	Month	Da	y Ye	er	
		(Type or print)	Est		Mabel	Y	oung	DEATH	3		LO 19	62	
	5.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH	9	. AGE (In years last birthday)			R 24 HRS.	
		emale	white	WIDOWED [DIVORCED _	11/	14/76		85 yrs.	Months Deys	Hours	Min.	
	10e	. USUAL OCCUPAT	TION (Give kind of work orking life, even if retire	d) 10b. KIND C	OF BUSINESS OR INDU	STRY 11.	BIRTHPLACE (Cou	inty & State, or	foreign country)	12. CITIZEN	OF WHAT	COUNTRY	
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T	13.	13. FATHER'S NAME					14. MOTHER'S MAIDEN NAME						
1	W.	. H. H. Y	oung			unknown							
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((Ifyesgive weror detes of service)												
		inknown	11 / 03 9 1 7 0 40 1 0 1 00 103 0 13	spital	records	- Sykes	ville	, Md					
		18. CAUSE OF DEATH [Entar only one causa per fine for (e), (b), end (c).]									INTERVAL BETWEEN ONSET AND DEATH		
		PART I. DEATH WAS CAUSED BY: Cardiac failure										months	
		1/5 X DUE TO											
		Conditions, if ony, which \ (b) Dehydration									days		
		gave rise to immediate cause (a), stating the underlying DUE TO											
		cause lest. (c) Infected multiple bed sores									months		
1	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN F									19. WAS		
0	ATI	Schizophrenia, paranoid type.									PERFORMED?		
	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH											
	2	(IF EITHER, NOTIFY MEDICAL EXAMINER)											
	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stete)											
	MEDI	Hour e.m. While Not While tectory, street, office bidg., etc.) p.m. 19 et work at work											
		21. certify that 10 (this hospital) attended the deceased from 5/2/ 1915, to 3/10/ 1962, that (We) last											
		saw the decea	sed alive on3	/10/_	19 62 and th	hat death	occured at	O: 42 from	The causes	and on the	date state	d abov	
		saw the deceased alive on											
		Nou Dentermand, Attending MED. STAFF PHYS. DIRECTOR PHYS. STAFF PHYS. 3/12/6											
1		22c. PHYSICIAN'S 22d. ADDRESS Springfield State Hospital											
1		Naci N. Buyukunsal, M. D. Sykesville, Maryland											
	23a	. BURIAL, CREMAT		REOF 23c	. NAME OF CEMETER	RY OR GR			ATION (City, to		(Stata)	
	1	SURIA Specify	3-13-	62 1	Freedom	Cem.	etery	SYK	esville	, MA	1ex lu	nel	
0	-	FUNERAL DIRECTO	R'S SIGNATURE	01	APDRESS _ 11	10			TRAR 256. RE		,		
Kn		Luther	H. THAIN	10 s	Masvelle	IM	A. DATE	MAR 15'	62 6	Inthun S. 1	trans		
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MARYLAND STATE DEPARTMENT OF HEALTH

in 24 hours after



ARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) is ne. director. Pas vour files. a. COUNTY a. STATE b. COUNTY Carroll MARYLAND Maryland Frederick b. CITY OR TOWN (if outside corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) write RURAL end give neerest lown) Sykesville 1 mo. 17 days Jefferson, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give streat address) for d. STREET ADDRESS a. IS RESIDENCE ON A FARM? Springfield State Hospital YES NO T NAME OF Middle Last 4. DATE Month Dey DECEASED (Typa or print) Florence Virginia Young DEATH March 62 13. 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) Months Hours Female WIDOWED DIVORCED 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) Give Pages 1, 2 12. CITIZEN OF WHAT COUNTRY? dona during most of working life, even if retired) Maryland U.S.A. pages | 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Franklin Young Anna Sophia Sigler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Yes, no, or unkown) | (If yas give war or datas of sarvica) Springfield Hospital Records 18. CAUSE OF DEATH [Entar only one cause par line for (a), (b), and (c), INTERVAL BETWEEN Office along burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bilateral bronchopneumonia IMMEDIATE CAUSE (a) Davs DUE TO Heart failure Months Conditions, if eny which (b) geva rise to immadiate cause DUE TO (a), stating the underlying Examiner Rheumatic heart disease Years causa last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATION C.B.S. with senile brain disease with psychotic reaction. PERFORMED? YES X NO -2De. EXTERNAL CAUSE WAS 2Db. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury In Part I or Pert II of item 18.) PRIMARY TI or CONTRIBUTING TI CAUSE OF DEATH. 20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, ! 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Whila Not While March 11, 62 at work at work Hospital Sykesville Md. Carroll 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection X. Inquiry X. and in my opinion death resulted from: Natural causes X Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED designate should be for SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER James T. Marsh. M.D. 3/13/62 NAME (Type) Address (Street, city, town, or county) please 4 shou O FUN 22a, BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) NEllan em 01012 FUNERAL DIRECTOR 24a. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. A15ME 5M 7/59

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